

<b>Case Number:</b>	CM15-0089129		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male, who sustained an industrial injury on 5/8/2014. He reported injury from a slip and fall with left ankle injuries. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain and left ankle sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of sharp lumbar pain and left ankle pain that was rated 5/10. Physical examination showed tenderness in the left anterior ankle and in the lumbar muscles. The treating physician is requesting Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base 210 grams and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025 % 210 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Topical: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base 210 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base

#210 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar sprain/strain; and left ankle sprain/strain. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical gabapentin and cyclobenzaprine) that is not recommended is not recommended. The treatment plan does not indicate the location to which to apply a topical analgesic. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 5% in cream base #210 g is not medically necessary.

**Topical: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025 % 210 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%; Baclofen 5%; Dexamethasone 2%; Menthol 2%; Camphor 2%; and Capsaicin 0.025% #210 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar sprain/strain; and left ankle sprain/strain. Topical Flurbiprofen is not recommended. Topical baclofen is not recommended. Any compounded product that contains at least one drug (topical Flurbiprofen and baclofen) that is not recommended is not recommended. The treatment plan does not indicate the location to which to apply a topical analgesic. Additionally, there is no documentation of failed first-line treatment with antidepressants and anti-convulsants. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Flurbiprofen 20%; Baclofen 5%; Dexamethasone 2%; menthol 2%; Camphor 2%; and Capsaicin 0.025% #210 g is not medically necessary.