

<b>Case Number:</b>	CM14-0136805		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

After careful review of the medical records, this is a 42 year old male with complaints of neck and shoulder pain. The date of injury is 2/5/14 and the mechanism of injury is motor vehicle accident. At the time of request for the following: 1. Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5%, 180mg no refills (topical) 2. Capsaicin 0.375%, Tramadol 6.5%, Flurbiprofen 5%, Menthol 2% Camphor 2% 180gms no refills (topical), there is subjective (neck, shoulder pain) and objective (tenderness, restricted range of motion right shoulder, tenderness paraspinal musculature thoracolumbar, grossly normal neurological exam) findings, imaging findings (there was imaging done the day of the injury lumbar spine and shoulder, MRI lumbar spine dated 8/4/14 shows multi-level degenerative disc disease L3/4,L4/5,L5/S1., disc herniation L4/5 and cervical MRI C4/5 disc osteophyte complex) other testing (EMG upper extremity dated 8/6/14 shows median neuropathy at wrist R>L, mild right ulnar neuropathy), diagnoses (sprain/strain shoulder right, sprain/strain lumbar), and treatment to date (medications, immobilization, physical therapy). Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10% Cyclobenzaprine 1% Lidocaine 5% 180mg no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Gabapentin-Cyclobenzaprine-Lidocaine ointment/cream is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical agent that is FDA approved is Lidocaine which is indicated for neuropathic pain and post herpetic neuralgia. The other medications are not currently approved topical analgesic agents. Therefore, this compounded topical analgesic is not medically necessary.

**Capsaicin 0.375%, Trimadol 6.5%, Flurbiprofen 5%, Menthol 2% Camphor 2% 180gms  
no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Capsaicin-Tramadol-Flurbiprofen-Menthol-Camphor ointment/cream is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical agent that is FDA approved is capsaicin but only approved maximum concentration 0.025%. None of these medications are currently approved topical analgesic agents. Therefore, this compounded medication is not medically necessary.