

<b>Case Number:</b>	CM14-0185961		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Internal Medicine and is licensed to practice in California. 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:

The injured worker (IW) is a 51-year-old woman with a date of injury of February 4, 2014. The IW was walking towards a register when she tripped on a corner of a floor and fell onto her right side. Treatments to date have included medications, right hip arthroscopy, femoral head resection and repair of the labral tear on September 11, 2013, physical therapy, anterior cervical discectomy and fusion of C3-C7 and bilateral C2-C3 lamino-foraminotomy on August 26, 2009, posterior cervical fusion with instrumentation at C5-C7 on January 26, 2011, and psychiatric treatments. Pursuant to the progress note dated October 1, 2014, the IW complains of constant neck pain rated 7/10, which radiates to both upper extremities. She is also complaining of right hip pain rated 6/10 with numbness and tingling in the toes. She also complains of knee pain rated 4/10. On physical examination, the right hip revealed pain on palpation. Range of motion was decreased to 50%. FABER test on the right was positive. Motor strength of the right hip flexor is 4/5. The IW has been diagnosed with bruxism secondary to pain and stress; neuropathic pain; right greater than left C6 radiculopathy; cervical spine musculoligamentous sprain/strain; insomnia and anxiety secondary to injury and pain; lumbar radiculitis, rule out herniated nucleus pulposus with acute flare up of back and lower extremity pain; chronic low back pain; depression; and status post right ankle fracture. The IW was provided a prescription for the following: Norco 10/325mg, Voltaren gel 1%, Flurpibrofen 15%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Lidocaine 2.5% cream and Capsaicin 0.0375%/Menthol 5%/Camphor 2%/Tramadol 8%/Gabapentin 10%/Cyclobenzaprine 4% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 15%-Baclofen 2%-Cyclobenzaprine 2%- Gabapentin 6% - Lidocaine 2.5% 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, Flurbiprophen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, and lidocaine 2.5% 180 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. Baclofen is not recommended. Gabapentin is not recommended. Cyclobenzaprine is not recommended. In this case, the treating physician requested the topical compound above. Topical baclofen, gabapentin and cyclobenzaprine are not recommended. Any compounded product that contains at least one drug (baclofen, gabapentin, and cyclobenzaprine) is not recommended, is not recommended. Consequently, the topical analgesic compound with Flurbiprophen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6% and lidocaine 2.5% 180 g is not medically necessary.

**Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Tramadol 8%-Gabapentin 10%-Cyclobenzaprine 4% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, Capsaicin 0.0375%, menthol 5%, Camphor 2%, tramadol 8%, gabapentin 10% and cyclobenzaprine 4%, #180 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. Gabapentin is not recommended. Cyclobenzaprine is not recommended. Menthol is not recommended. In this case, the treating physician requested the topical compound above. Topical gabapentin, menthol and cyclobenzaprine are not recommended. Any compounded product that contains at least one drug (menthol, gabapentin, and cyclobenzaprine) is not recommended, is not recommended. Consequently, Capsaicin

0.0375%, menthol 5%, Camphor 2%, tramadol 8%, gabapentin 10% and cyclobenzaprine 4%,  
#180 g is not medically necessary.