

<b>Case Number:</b>	CM14-0094542		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Pain Management 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 is a 56-year-old male who sustained work-related injuries on October 29, 2011. As per the Agreed Medical Evaluation Report dated January 11, 2013, the injured worker has history of respiratory system related-problems that he sustained while working back in 2004, prostate cancer, shoulder-related issues, chronic headaches and migraines. No recent medical records were found. He is diagnosed with gastroesophageal reflux disorder, asthma, history of pansinusitis, status post intravenous immunoglobulin, mitral valve prolapse, and history of prostate cancer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Gapsaicin Powder 0.0328839%, Lidocaine Powder 2.63071%, Cyclobenzaprine HCl Powder 5.261443%, Flurbiprofen Powder 26.307%, Glycerin Liquid.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are indicated to treat neuropathic pain and are largely experimental in nature. There are very few

randomized controlled trials to determine efficacy or safety. It is also considered as an option when first-line treatments cannot be tolerated. In addition, evidence-based guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no evidence that first-line treatments (e.g. antidepressants, anticonvulsants) have been tried and failed. Moreover, lidocaine is only recommended in a patch form. No other formulation of lidocaine has been approved for commercial use. With regard to topical nonsteroidal anti-inflammatory drugs, only Voltaren is Food and Drug Administration approved. Gabapentin is not recommended as there are no peer-reviewed literatures to support its use in topical form. Other components namely cyclobenzaprine and glycerin liquid are not addressed or recommended by evidence-based guidelines in topical form. Due to lack of support from evidence-based guidelines as well as containing not recommended drug components, the medical necessity of the requested 1 capsaicin powder 0.0328839%, lidocaine powder 2.63071%, cyclobenzaprine powder 5.261443%, flurbiprofen powder 26.307%, glycerin liquid as well as dispensing and compounding fee is not established.