

Case Number:	CM14-0211958		
Date Assigned:	01/02/2015	Date of Injury:	07/03/2013
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 39-year-old gentleman with a date of injury of 07/03/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/20/2014 indicated the worker was experiencing lower back pain that went into the right leg with numbness, right elbow pain, neck pain with headaches, pain in both hips and knees, and decreased sleep. A documented examination described decreased right grip strength; decreased motion in the upper and lower back joints with muscle spasm and tenderness; tenderness and decreased motion in the elbow, hip, and knee joints. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar strain/sprain with radiculopathy; hip, elbow, and knee strain/sprain; and insomnia. Treatment recommendations included medications and follow up care. A Utilization Review decision was rendered on 12/08/2014 recommending non-certification for 180g of a topical compounding containing cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% and 180g of a topical compounding containing capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cream (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%)
180 gms: 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): 112.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anti-seizure (gabapentin), muscle relaxant (cyclobenzapine), and tricyclic antidepressant (amitriptyline) classes. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines are silent as to the use of topical muscle relaxants and topical amitriptyline, and the literature does not strongly support their use for pain management. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with numbness, right elbow pain, neck pain with headaches, pain in both hips and knees, and decreased sleep. There was no discussion of special circumstances that sufficiently support the use of this compound medication in this setting. In the absence of such evidence, the current request for 180g of a topical compounding containing cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% is not medically necessary.

Topical Compound Cream (Capsaicin 0.025%, Flurbiprofen 15 %, Gabapentin 10%, Menthol 2%, Camphor 2%) 180 Grams: 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): 112.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anti-seizure (gabapentin), non-steroidal anti-inflammatory (NSAID; flurbiprofen), muscle relaxant (cyclobenzapine), and general pain reliever (menthol, camphor, and capsaicin) classes. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. The Guidelines are silent as to the use of topical muscle relaxants and topical camphor, and the literature does not support their use. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the right leg with numbness, right elbow pain, neck pain with headaches, pain in both

hips and knees, and decreased sleep. There was no discussion of special circumstances that sufficiently support the use of this compound medication in this setting. In the absence of such evidence, the current request for 180g of a topical compounding containing capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2% is not medically necessary.