

<b>Case Number:</b>	CM15-0003521		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on May 11, 2014. She has reported neck and back pain with numbness in legs, headaches and insomnia. The diagnoses have included cervical lumbar and bilateral knee sprain/strain. Treatment to date has included X-rays, magnetic resonance imaging (MRI), physical therapy, chiropractic, and acupuncture, topical and oral medication. On December 23, 2014 utilization review non-certified a request for retrospective MPHCC1 Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%/Camphor 2%, Capsaicin 0.025% in cream base 30 grams and retrospective Niemann-Pick C1 (NPC1) Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream 30 grams. Application for independent medical review (IMR) is dated January 7, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MPHCC1 Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%/Camphor 2%, Capsaicin 0.025% in cream base 30 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS also states that topical muscle relaxants, including baclofen, are not recommended as they have insufficient data to support their use regular use with chronic pain. In the case of this worker, she was recommended the combination topical analgesic, flurbiprofen/baclofen/dexamethasone/menthol/camphor/capsaicin. This combination product contains the non-recommended ingredient, baclofen. Therefore, the entire product will be considered medically unnecessary.

**Retrospective NPC1 Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream 30 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS also states that topical gabapentin, specifically, is not recommended as it has insufficient data to support its use with chronic pain. In the case of this worker, she was recommended the combination topical analgesic product, gabapentin/amitriptyline/bupivacaine, which contains the non-recommended gabapentin. Therefore the entire product will be considered medically unnecessary.