

Case Number:	CM15-0012428		
Date Assigned:	01/29/2015	Date of Injury:	02/28/2012
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: Texas, California
 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:

This is a 53-year-old female patient, who sustained an industrial injury on 2/28/12. The diagnoses have included right shoulder impingement with tendonitis, right elbow lateral epicondylitis, and depressive disorder. Per the doctor's note dated 12/9/2014, she had complains of frequent, moderate right elbow pain described as stabbing, intermittent right hand/wrist pain and severe right shoulder pain described as stabbing. The physical examination revealed tenderness on palpation with limited and painful range of motion of the right shoulder, right elbow, and right hand. The medications list includes omeprazole, Norco, and topical compound medications. She has had (MRI) magnetic resonance imaging of right hand, right shoulder, and right elbow on 3/20/2013 for this injury. Other therapy for this injury was not specified in the records provided. On 12/24/14 Utilization Review non-certified Capsaicin 0/025% Flurbiprofen 15% Gabapentin 10% menthol 2 % Camphor 2 % 180gm and Cyclobenzaprine 2% Flurbiprofen 25% 180gm, noting compounded medication contains constituents not recommended. The MTUS, ACOEM Guidelines, was cited. On 1/12/15, the injured worker submitted an application for IMR for review of Capsaicin 0/025% Flurbiprofen 15% Gabapentin 10% menthol 2 % Camphor 2 % 180gm and Cyclobenzaprine 2% Flurbiprofen 25% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 % Flurbiprofen 15 % Gabapentin 10% Menthol 2 % Camphor 2 % 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): pages 111-113.

Decision rationale: Request: Capsaicin 0.025 % Flurbiprofen 15 % Gabapentin 10% Menthol 2 % Camphor 2 % 180 gm. Flurbiprofen is an NSAID and gabapentin is anti convulsant. The cited Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Capsaicin 0.025 % Flurbiprofen 15 % Gabapentin 10% Menthol 2 % Camphor 2 % 180 gm is not fully established for this patient.

Cyclobenzaprine 2% Flurbiprofen 25 %, 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): pages 111-113.

Decision rationale: Request: Cyclobenzaprine 2% Flurbiprofen 25 %, 180 gm. Flurbiprofen is an NSAID and Cyclobenzaprine is a muscle relaxant. The cited Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and

antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and cyclobenzaprine are not recommended by cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Cyclobenzaprine 2% Flurbiprofen 25 %, 180 gm is not fully established for this patient.