

<b>Case Number:</b>	CM15-0012660		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 33 year old female, who sustained an industrial injury on October 17, 2011. She has reported injury to her left elbow, hand and knee. The diagnoses have included carpal tunnel syndrome with left wrist tenosynovitis and left knee surgical intervention with residual antalgic gait and limping. Treatment to date has included medications, surgery and physical therapy. Currently, the injured worker complains of left knee pain rated a 7 on the 1-10 pain scale. She still notices that occasionally her knee buckles. She gets radiating upper extremity pain that is in the 5-7 range on the pain scale. She also complains of aching pain in the left wrist and left elbow. On January 6, 2015 Utilization Review non-certified Gabapentin 10%/Cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.0375%/Menthol 5%/Camphor 2% Cream, noting the California Chronic Pain Treatment Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Gabapentin 10%/Cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.0375%/Menthol 5%/Camphor 2% Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream between 11/25/2014 and 2/28/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states: Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. MTUS states regarding topical muscle relaxants: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream between 11/25/2014 and 2/28/2015 is not medically necessary.