

<b>Case Number:</b>	CM15-0016816		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old female who reported injury on 07/20/2011. The documentation of 12/15/2014 revealed the injured worker had complaints of pain in the neck, upper back, right shoulder, and right elbow. The injured worker indicated she had cortisone injections in the right arm in the past to which she had adverse reactions. The documentation indicated the injured worker's pain was well controlled with medication. The physical examination revealed strength of 2+/5 in the cervical spine. The injured worker had limited range of motion secondary to pain. The injured worker had a positive impingement sign of the right shoulder and strength of 2+/5. The injured worker had tenderness to palpation of the lateral epicondyle, full range of motion with pain at end ranges, and strength of 2+/5 in the right elbow. The diagnosis included cervical spine sprain/strain, myospasms, right shoulder subchondral cyst, right medial and lateral epicondylitis, and mild carpal tunnel syndrome per nerve conduction study. The treatment plan included an orthopedic consultation and refill of naproxen 550 mg #60, and pantoprazole 20 mg #30, additionally with the use of a transdermal compound. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Container of Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent and Camphor 2 Percent 180 Grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Flurbiprofen, Topical analgesics, Topical Capsaicin, Salicylates topicals, Gabapentin Page(s): 7.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration, Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... The guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of the ingredients of this compound. Gabapentin is not recommended as there is no peer reviewed literature to support topical use. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated with the compounded medication. Given the above, the request for 1 Container of Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent and Camphor 2 Percent 180 Grams is not medically necessary.