

Case Number:	CM15-0017104		
Date Assigned:	02/04/2015	Date of Injury:	09/29/2012
Decision Date:	03/27/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/27/2015

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 52 year old female who sustained an industrial injury on 9/29/12. The injured worker reported symptoms in the spine and lower extremities. The diagnoses included lumbar intervertebral disc disorder syndrome, lumbar radiculitis, knee internal derangement and thoracic strain/sprain. Treatments to date include muscle relaxants. In a progress note dated 11/11/14 the treating provider noted bilateral knee pain described as "giving away, locking, popping". On 12/24/12 Utilization Review non-certified the request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 gram, date of service 11/20/14 and Cyclobenzaprine 2%/Flurbiprofen 25% 180 gram, date of service 11/20/14. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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% 180gm
DOS 11/20/14: Upheld**

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

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

Decision rationale: This patient presents with mid, low back, and bilateral knee pain. The current request is for CAPSAICIN 0.025%/FLURBIPROFEN 15%/GABPENTIN 10%/MENTHOL 2%/CAMPHOR 2% 180GM DOS 11/20/14. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication IS NOT medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% 180gm DOS 11/20/14: Upheld

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

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

Decision rationale: This patient presents with mid, low back, and bilateral knee pain. The current request is for CYCLOBENZAPRINE 2%/FLURBIPROFEN 25% 180GM DOS 11/20/14. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant is not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication IS NOT medically necessary.