

<b>Case Number:</b>	CM15-0019597		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Arizona, 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:

The injured worker is a 62 year old female who sustained an industrial related injury on 10/13/11. The injured worker had complaints of numbness and tingling of the left upper extremity, burning left shoulder pain that extended to the fingers associated with muscle spasms, and back pain with muscle spasms. Diagnoses included cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease, cervical spine radiculopathy, left shoulder acromioclavicular joint arthrosis, thoracic spine sprain/strain, low back pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar spine radiculopathy, status post right ankle open reduction internal fixation, and right ankle internal derangement. Treatment included physical therapy, chiropractic treatment, acupuncture treatments, and injections. The treating physician requested authorization for Cyclobenzaprine 2%/Flurbiprofen 25% 180gm #1 and Capsaicin 0.025% /Flurbiprofen 15%/Gabapentin 10%/menthol 2%/Camphor 2% 180gm #1. On 12/26/14 the requests were non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted any compound that contains a drug that is not recommended is itself not recommended. The topical agents requested contain either Gabapentin or Cyclobenzaprine which are not recommended, therefore the requests are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2 percent/Flurbiprofen 25percent 180gm #1 capsaicin.025 percent/Flurbi15 percent/Gaba 10percent/Menthol 2percent, Camphor 2percent 180 gm #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of topical muscle relaxants and Gabapentin is not recommended due to lack of evidence to support their use. In this case, the medication in question above contains Cyclobenzaprine and Gabapentin, as a result, the compound is not medically necessary.