

<b>Case Number:</b>	CM15-0112003		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 24 year old male, who sustained an industrial injury on 6/20/2014. Diagnoses include thoracic spine sprain/strain thoracic spine pain, lumbar disc displacement, (herniated nucleus pulposus L2-3 and L4-5), lumbar radiculopathy, Schmorl's node at L2 and sleep disorder. Treatment to date has included medications, heat/cold application, physical therapy, acupuncture, TENS unit, diagnostics and extracorporeal shockwave therapy. Per the Primary Treating Physician's Progress Report dated 3/18/2015, the injured worker reported burning radicular mid back pain and muscle spasms rated as 6/10 and burning radicular low back pain rated as 5/10. Physical examination of the thoracic spine revealed tenderness with pain to palpation of the rhomboids and mid trapezius muscles with decreased range of motion in all planes. Examination of the lumbar spine revealed palpable tenderness with spasms noted at the paraspinal muscles and over the lumbosacral junction with reduced range of motion in all planes. The plan of care included topical medications and authorization was requested for Capsaicin 0.025%/Flurbiprofen 15%, Gabapentin 10%, menthol 2% and camphor 2% and Cyclobenzaprine 2%, Flurbiprofen 25%.

### 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% quantity 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compounded Medications.

**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 anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% was used with other topical medications. The claimant had been on numerous topical analgesics in the past several months. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.

**Cyclobenzaprine 2%/Flurbiprofen 25% quantity 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compounded Medications.

**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 anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the Cyclobenzaprine 2%/Flurbiprofen 25% was used with other topical medications. The claimant had been on numerous topical analgesics in the past several months. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.