

Case Number:	CM15-0113725		
Date Assigned:	06/22/2015	Date of Injury:	07/17/2011
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, New York
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 51 year old female, who sustained an industrial injury on 7/17/2011. She reported sharp, stabbing pain in her back and entire body. Diagnoses have included lumbago, lumbar spine sprain/strain and lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic treatment, epidural steroid injection and acupuncture. According to the progress report dated 5/14/2015, the injured worker complained of burning, radicular low back pain and muscle spasms. She rated the pain as 6-7/10. The pain traveled down both legs and was associated with numbness and tingling. Exam of the lumbar spine revealed palpable tenderness with trigger points noted. There was slightly decrease sensation to pinprick and light touch at the L5 and S1 dermatomes bilaterally. Authorization was requested for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% cream and Cyclobenzaprine 2%/Flurbiprofen 25% cream.

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% 180 gms
#1: Upheld**

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

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. According to MTUS, topical gabapentin is not recommended, as there is no peer-reviewed literature to support use. There are no guidelines for the use of menthol with the patient's spine complaints. In the MTUS, there are no guidelines for the use of camphor. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% 180 gms #1: Upheld

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

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. There is no evidence to use muscle relaxants as a topical product. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.