

<b>Case Number:</b>	CM15-0114503		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female with a June 11, 2014 date of injury. A progress note dated May 18, 2015 documents subjective complaints (persistent right elbow pain that radiates up to the shoulder and neck; pain rated at a level of 7/10; worsening left elbow pain due to overuse; persistent anxiety and insomnia), objective findings (tenderness to palpation of the right lateral epicondyle and the extensors in the right; decreased range of motion of the right elbow; positive cubital Tinel's), and current diagnoses (bilateral elbow sprain/strain; right elbow contusion; clinical epicondylitis). Treatments to date have included acupuncture that helps decrease the pain temporarily, electromyogram/nerve conduction velocity study of the bilateral upper extremities on January 28, 2015 that was unremarkable, magnetic resonance imaging of the right elbow on May 2, 2015 that was unremarkable, and medications. The treating physician documented a plan of care that included Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% compound and Cyclobenzaprine 2% Flurbiprofen 25% compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Rx. Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% in 180 gms: 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 Capsaicin Section, NSAIDs Section, Topical Analgesics Section Page(s): 28, 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. The MTUS Guidelines do not recommend the use of topical gabapentin, as there is no peer-reviewed literature to support use. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound Rx. capsaicin 0.025% Flurbiprofen 15% gabapentin 10% menthol 2% camphor 2% in 180 gms is not medically necessary.

**Compound Rx. Cyclobenzaprine 2% Flurbiprofen 25% in 180 gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section, Topical Analgesics Section Page(s): 67-73,111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound Rx. Cyclobenzaprine 2% Flurbiprofen 25% in 180 gms is not medically necessary.