

<b>Case Number:</b>	CM15-0115918		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, North Carolina  
 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 31 year old female, who sustained an industrial injury on 4/25/2011. Diagnoses include cervical spine sprain/strain, lumbar disc displacement, herniated nucleus pulposus, cervical spine radiculopathy/radiculitis upper extremity and thoracic sprain/strain. Treatment to date has included oral and topical medications and chiropractic care. Per the Primary Treating Physician's Progress Report dated 4/09/2015, the injured worker reported neck, mid back and lower back pain and muscle spasms. Medications do offer temporary relief and improve her ability to have restful sleep. Physical examination of the cervical spine revealed decreased ranges of motion in all planes. She has 2+ tenderness to palpation at the sub occipitals, scalene and sternocleidomastoid muscles, and spinous process levels C2-C5. Thoracic spin examination revealed bilateral thoracic paraspinal muscle guarding and tenderness to palpation over the spinous process T4-6. There was decreased range of motion in all planes. Lumbar spine examination revealed tenderness to palpation at the PSISs and decreased range of motion in all planes. The plan of care included diagnostic testing, chiropractic care, pain management consultation, shockwave therapy and topical medications. Authorization was requested for compound creams: Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/menthol 2%/camphor 2% 180gm and Cyclobenzaprine 2%/Flurbiprofen 25% 180gm.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Gabapentin Topical NSAIDS, Topical Analgesics, Compounded.

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contains Gabapentin, which is not recommended. Menthol and Camphor are not addressed. Flurbiprofen is not FDA approved for topical use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. This product does not meet the criteria for topical use and is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine, Topical NSAIDS, Topical Analgesics, Compounded.

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contains Cyclobenzaprine, a muscle relaxant. There is no evidence that muscle relaxants as topical agents are recommended. Flurbiprofen is also not recommended. Therefore this product is not medically necessary.