

<b>Case Number:</b>	CM15-0117708		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Michigan

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:

The injured worker is a 24 year old male, who sustained an industrial injury on 6/23/2014. He reported injury of the low back after lifting a heavy object. The injured worker was diagnosed as having thoracic spine sprain/strain, thoracic spine pain, lumbar disc displacement, and lumbar radiculopathy, schmorl's node at L2 and sleep disorder. Treatment to date has included medications, electrodiagnostic studies (3/27/2015), physical therapy, and shockwave therapy. The request is for Capsaicin/ Flurbiprofen/Gabapentin/Menthol/Camphor; and Cyclobenzaprine/Flurbiprofen. On 4/29/2015, he complained of burning, radicular mid back pain and muscle spasms. He rated his pain 6/10, and indicated it was aggravated by prolonged positioning including sitting, standing, walking, and bending. He also complained of low back pain and muscle spasms. He rated the pain 5/10, and described it as constant, moderate to severe and associated with numbness and tingling in bilateral lower extremities. Physical findings revealed tenderness at the rhomboids and mid trapezius muscles, and lumbar paraspinals muscles. The treatment plan included: pain management, magnetic resonance imaging of the lumbar spine, x-ray of the thoracic spine, functional capacity evaluation, orthopedic surgeon consultation, continue physical therapy, chiropractic and acupuncture, continue shockwave therapy, sleep study, Terocin patches, and electrodiagnostic studies.

### 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.

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

**Decision rationale:** Per the CA MTUS guidelines compounded topical analgesics which contains at least one drug (or drug class) that is not recommended is not recommended. The request is for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%. The CA MTUS guidelines indicate: Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments; Flurbiprofen is considered a non-steroidal anti-inflammatory drug (NSAID) and may be recommended for short-term osteoarthritis and tendinitis; Gabapentin is not recommended; Menthol and Camphor are not addressed. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip or shoulder. The requested Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 gm, contains at least one drug that is not recommended per the CA MTUS guidelines, therefore, it is not medically necessary.

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

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

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

**Decision rationale:** Per the CA MTUS guidelines compounded topical analgesics which contains at least one drug (or drug class) that is not recommended is not recommended. The request is for Cyclobenzaprine/Flurbiprofen a compounded agent. Per the CA MTUS, Cyclobenzaprine is a muscle relaxant and not recommended as a topical product; Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID) and is recommended as a topical product. Based on the CA MTUS guidelines, the requested Cyclobenzaprine 25%/Flurbiprofen 25% 180 gm contains at least one drug that is not recommended per the CA MTUS guidelines, therefore, it is not medically necessary.