

<b>Case Number:</b>	CM15-0123179		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/26/1999
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old male who sustained an industrial injury on 05/07/15. Initial complaints and diagnoses are not available. Treatments to date include medications and surgery. Diagnostic studies are not addressed. Current complaints include right shoulder pain. Current diagnoses include right shoulder pain, muscle spasm, and postoperative pain. In a progress note dated 05/07/15, the treating provider reports the plan of care as medications including hydrocodone, Neuvaxin, olanzapine, valium, and a compound of Flurbiprofen/cyclobenzaprine. The requested treatment includes Neuvaxin and Flurbiprofen/cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuvaxin patch #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and topical analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/neuvaxin-patch.html>.

**Decision rationale:** Neuvaxin patch #60 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of this medication. Per MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Neuvaxin (Menthol 5%/Capsaicin 0.0375%) is comprised of an adhesive material containing Menthol and Capsaicin. The MTUS states that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol is an ingredient in Ben Gay, which is a methyl salicylate and supported by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate that the patient is intolerant to other treatments. The MTUS does not support 0.0375% Capsaicin. There are no extenuating circumstances in the documentation submitted necessitating this topical analgesic therefore the request is not medically necessary.

**Flurbiprofen/Cyclobenzaprine 240gm with 2 refills:** Upheld

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

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

**Decision rationale:** Flurbiprofen/Cyclobenzaprine 240gm with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended, as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support topical Cyclobenzaprine and does not support topical NSAIDs for shoulder pain. The documentation does not indicate extenuating circumstances, which necessitate going against guideline recommendations, and using this topical cream therefore, this request is not medically necessary.