

<b>Case Number:</b>	CM15-0126276		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 York

Certification(s)/Specialty: Pediatrics, Internal 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 43-year-old male, who sustained an industrial injury on 10/18/2012. According to a progress report dated 03/10/2015, the injured worker complained of neck pain and lower back pain that was rated 9 on a scale of 1-10 without medications and 8 with medications. Physical examination of the cervical spine demonstrated decreased and painful ranges of motion. There was tenderness to palpation of the cervical paravertebral muscles. Muscle spasm of the paravertebral muscles was noted. Tenderness to palpation of the lumbar paravertebral muscles were noted along with muscle spasm of the lumbar paravertebral muscles. Diagnoses included cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain and loss of sleep. Medications prescribed included Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, quantity 1 and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%. Medications dispensed included Anaprox/Naprosyn, Prilosec/Omeprazole, Cyclobenzaprine and Hydrocodone. He was to remain off work until 04/24/2015. According to a progress report, dated 05/19/2015 the injured worker complained of neck pain and lumbar spine pain that was rated 9 on a scale of 1-10 without medications and 7 with medications. Physical examination of the cervical spine demonstrated decreased and painful ranges of motion. There was tenderness to palpation of the cervical paravertebral muscles. Muscle spasm of the paravertebral muscles was noted. Tenderness to palpation of the lumbar paravertebral muscles were noted along with muscle spasm of the lumbar paravertebral muscles. The treatment plan included Naproxen 500 mg for pain and inflammation, Prilosec for gastrointestinal symptoms related to NSAID (nonsteroidal anti-inflammatory drug) use, Cyclobenzaprine and Hydrocodone. The injured worker was

unable to take Tramadol for pain. Topical compound creams were also prescribed. He was to remain off work until 07/03/2015. Currently under review is the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, quantity 1 and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, quantity 1.

### **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%, Qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management/Topical Analgesics Page(s): 9, 111-113.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines state that Gabapentin is not recommended for topical application. Flurbiprofen is an NSAID (non-steroidal anti-inflammatory drug). The only FDA-approved topical NSAIDs are diclofenac formulations. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. MTUS does not address Menthol or Camphor. In this case, there was no discussion that the injured worker had tried and failed antidepressant and anticonvulsant treatment. The requested treatment contains at least one drug (or drug class) that is not recommended. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, Qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management/Topical Analgesics Page(s): 9, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement.

MTUS Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states that topical Gabapentin is not recommended. Cyclobenzaprine is a muscle relaxant. Guidelines state that Baclofen (muscle relaxant) is not recommended and that there is no evidence for use of any other muscle relaxant as a topical product. Amitriptyline is a tricyclic antidepressant. In this case, there was no discussion that the injured worker had tried and failed antidepressant and anticonvulsant treatment. The requested treatment contains at least one drug (or drug class) that is not recommended. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.