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| <b>Case Number:</b>   | CM15-0128244 |                              |            |
| <b>Date Assigned:</b> | 07/15/2015   | <b>Date of Injury:</b>       | 04/20/2014 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 06/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2015 |

### 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 48 year old female, who sustained an industrial injury on April 20, 2014. The injury occurred when the injured worker was opening a freezer and a box slipped and struck her head. The injured worker sustained a head laceration and experienced neck, bilateral shoulder and low back pain. The diagnoses have included multiple level cervical disc protrusions, cervical radiculopathy, bilateral shoulder tendinosis and lumbar disc protrusion with radicular complaints. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, physical therapy, acupuncture treatments and chiropractic treatments. The injured working is currently not working and is temporarily totally disabled. Most current documentation dated February 5, 2015 notes that the injured worker reported ongoing neck pain and stiffness with radiation to the both shoulders and both upper extremities to the hands and fingers. Associated symptoms included numbness and tingling. The injured worker also noted ongoing bilateral shoulder pain with popping, clinking and grinding with shoulder motion and ongoing low back pain and stiffness with radiation to both hips. Examination of the lumbar spine revealed tenderness to palpation, spasms and a painful but normal range of motion. An axial compression test and a Spurling's test were negative. Sensation in the lateral forearm, thumb and index fingers were decreased bilaterally. Examination of the bilateral shoulders revealed tenderness, normal range of motion and negative impingement signs. Lumbar spine examination revealed mild tenderness, spasms and a decreased and painful range of motion. A straight leg raise test was negative bilaterally. The treating physician's plan of care included requests for the compounded medications: Cyclobenzaprine 2 percent, Gabapentin 15 percent and Amitriptyline 10 percent 180 grams and Capsaicin .025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent and Camphor 2 percent 180 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2 Percent, Gabapentin 15 Percent, Amitriptyline 10 Percent 180 Gram:**  
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:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. The MTUS guidelines also state that any compounded product with at least one drug which is not recommended is not recommended. Cyclobenzaprine is a muscle relaxant. The guidelines note that there is no evidence for use of muscle relaxants as topical products. Gabapentin is not recommended, as there is no literature to support its use. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the injured worker was noted to have chronic neck, back and shoulder pain. The MTUS guidelines state that any compounded product with at least one drug which is not recommended is not recommended. Cyclobenzaprine and Gabapentin are not recommended as topical products. The request for Cyclobenzaprine 2 percent, Gabapentin 15 percent and Amitriptyline 10 percent 180 grams is not medically necessary.

**Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram:** 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): 28, 11-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Note that topical Flurbiprofen is not FDA approved and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Gabapentin is not recommended, as there is no literature to support its use. The MTUS does not discuss Menthol or Camphor. The Official Disability Guidelines (ODG) were referenced. The ODG state that custom compounding and dispensing of combinations of medicines that have never been studied

is not recommended, as there is no evidence to support their use and there is potential for harm. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the injured worker was noted to have chronic neck, back and shoulder pain. The MTUS guidelines state that any compounded product with at least one drug which is not recommended is not recommended. Flurbiprofen is not FDA approved and is not medically necessary. Gabapentin is not recommended as a topical agent. Therefore, the request for the compounded cream: Capsaicin .025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent and Camphor 2 percent 180 grams is not medically necessary.