

<b>Case Number:</b>	CM15-0176315		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 38-year-old female, who sustained an industrial injury on 8-11-14. The injured worker has complaints of burning, radicular neck pain and muscle spasms. The documentation noted 7-27-15 noted that the injured worker rates her pain as 6 out of 10. The pain is aggravated by looking up, looking down and side to side as well as by repetitive motion of the head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities. The injured worker complaints of burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms and rates the pain as 6 out of 10. The injured worker complains of burning, radicular a low back pain and muscle spasm that rates the pain as 6 out of ten. The cervical spine examination reveals there is tenderness to palpation at the paraspinal muscles. Bilateral shoulder examination reveals tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle, bilaterally. Lumbar spine examination reveals there is tenderness to palpation at the lumbar paraspinal muscles. The diagnoses have included headaches; sprain of neck; brachial neuritis or radiculitis not otherwise specified; sprain of lumbar and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included deprizine; dicopanol; fanatrex; synapryn; tabradol; Cyclobenzaprine and ketoprofen cream. The original utilization review (8-13-15) non-certified the request for topical gel (Gabapentin 10%, lidocaine 2% , capsaicin 0.025% , menthol 10%, camphor 5%) #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical gel (gabapentin 10% / lidocaine 2% / capsaicin 0.025% / menthol 10% / camphor 5%) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the MTUS guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)" Per MTUS p113 with regard to topical Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol or camphor. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended." Since several components are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.