

<b>Case Number:</b>	CM15-0025368		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, Florida

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 43 year old male, who sustained an industrial injury on September 4, 2009. The diagnoses have included left shoulder impingement and L4-L5, L5-S1 discopathy. Treatment to date has included medication, chiropractic/physiotherapy for the lumbar spine and left shoulder and diagnostic studies. Currently, the injured worker complains of low back and left shoulder pain. The injured worker has radiation of pain to the right lower extremity and the pain is rated a 7 on a 10-point scale. The left shoulder pain is rated a 4 on a 10-point scale. On examination range of motion was decreased to the left shoulder and there was tenderness in the acromioclavicular joint. The impingement sign was positive. The medications listed are Hydrocodone, Tizanidine and Topical compound product. The UDS reports on 8/19/2014 and 12/2/2014 was inconsistent with positive for THC (Marijuana) and negative for prescribed medications. On January 23, 2015 Utilization Review non-certified a request for Gabapentin 10% plus Lidocaine 2% in with aloe vera 0.5%, plus emo oil 3.0%, plus capsaicin (natural 0.025 % plus Menthol 10% plus camphor 5% (trigger point gel) 120 grams with one refill., noting that regarding gabapentin, there is no peer-reviewed literature to support its use; regarding lidocaine there is no documentation of localized peripheral pain and there has been no evidence of a trial of first line therapy; noting regarding capsaicin there is no documentation that the injured worker is intolerant or unresponsive to other treatment. The California Medical Treatment Utilization Schedule was used in the determination. On February 10, 2015, the injured worker submitted an application for IMR for review of Gabapentin 10% plus Lidocaine 2% in with aloe vera 0.5%,

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### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 10%+ Lidocaine 2% in w/Aloe Vera 0.5% + Emo oil 3.0% + Capsaicin (Natural) 0.025% + Menthol 10% + Camphor 5% (Trigger point Gel) 120gms with 1 refill:**  
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 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Topical compound products.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized in the treatment of localized neuropathic pain when treatments with first line oral anticonvulsant and antidepressant medications have failed. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The subjective and objective findings is not consistent with a diagnoses of localized neuropathic pain such as CRPS. The documented diagnoses are musculoskeletal pain located in the shoulder and spine. There is lack of FDA or guidelines support for the use of topical formulations of Gabapentin, Menthol, Emo oil and Camphor in the chronic treatment of musculoskeletal pain. The criteria for the use of Gabapentin 10% + Lidocaine 2% in Aloe Vera 0.5% + Emo oil 3% + Capsaicin (Natural) 0.025% + Menthol 10% + Camphor 5% (Trigger point gel) 120gm with 1 refill was not met.