

<b>Case Number:</b>	CM15-0029846		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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  
 Certification(s)/Specialty: Emergency 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 10/02/2013. He has reported pain in the neck, upper and lower extremities, and low back. The diagnoses have included cervicalgia; cervical disc displacement; sprains and strains of shoulder and upper arm; lumbar disc displacement; and knee internal derangement. Treatment to date has included medications, chiropractic sessions, acupuncture, physical therapy, and surgical intervention. An evaluation with a treating provider, dated 09/04/2014, documented the injured worker to report pain and stiffness in the bilateral upper extremities, bilateral lower extremities, neck, and back that limits function and ability to work. Objective findings included tenderness to palpation to the bilateral shoulders, cervical spine, and lumbar spine regions; and decreased strength and decreased range of motion. Request is being made for prescription medications. On 01/28/2015 Utilization Review noncertified a prescription for Transdermal creams: (Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%) 180 grams; and noncertified a prescription for Transdermal Creams: (Cyclobenzaprine 2%/ Flurbiprofen 15%) 180 grams. The CA MTUS, was cited. On 02/18/2015, the injured worker submitted an application for IMR for review of a prescription for Transdermal creams: (Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%) 180 grams; and for Transdermal Creams: (Cyclobenzaprine 2%/ Flurbiprofen 15%) 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal creams: (Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%) 180 grams: 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 page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Transdermal creams: (Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%) 180 grams , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009,Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain and stiffness in the bilateral upper extremities, bilateral lower extremities, neck, and back that limits function and ability to work. Objective findings included tenderness to palpation to the bilateral shoulders, cervical spine, and lumbar spine regions; and decreased strength and decreased range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Transdermal creams: (Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%) 180 grams is not medically necessary.

**Transdermal Creams: (Cyclobenzaprine 2%/ Flurbiprofen 15%) 180 grams: 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 page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Transdermal Creams: (Cyclobenzaprine 2%/ Flurbiprofen 15%) 180 grams , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009,Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain and stiffness in the bilateral upper extremities, bilateral lower extremities, neck, and back that limits function and ability to work. Objective findings included tenderness to palpation to the bilateral shoulders, cervical spine, and lumbar spine regions; and decreased strength and decreased range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The

criteria noted above not having been met, Transdermal Creams: (Cyclobenzaprine 2%/ Flurbiprofen 15%) 180 grams is not medically necessary.