

Case Number:	CM15-0066309		
Date Assigned:	04/14/2015	Date of Injury:	03/17/2012
Decision Date:	05/13/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 64 year old female, who sustained an industrial injury on March 17, 2012. The injured worker was diagnosed as having right shoulder tendonitis and bicipital tendinitis, right shoulder posterior-traumatic osteoarthritis, disc displacement and disc degeneration of the lumbar region, grade 1 anterolisthesis of lumbar 4 over lumbar 5, Schmorl's nodules of the lumbar region, lumbar radiculopathy, and rule out other tear of medial meniscus and other bursal cyst of the left knee. Treatment to date has included MRIs, physical therapy and shockwave therapy for the left knee, shockwave therapy for the right shoulder and lumbar spine, work modifications, and medications. On January 6, 2015, the injured worker complains of constant burning right shoulder pain radiating down the right arm to the fingers with muscle spasms and tightness. She complains of constant burning lower back pain radiating down both legs with numbness and tingling, and constant burning left knee pain with muscle spasms. Her pain is rated 6 out of 10 on a pain analog scale. She reports persistent symptoms but her medications do provide temporary relief of her pain and improve her ability to have restful sleep. The physical exam revealed tenderness of the subacromial space, trapezius, and levator scapula muscles with a trigger point noted, tenderness of the supraspinatus and rhomboid muscles, acromioclavicular joint arthrosis, and decreased range of motion. There was intact sensory response, slightly decreased motor strength due to pain, normal reflexes, and normal vascular pulses in the bilateral upper extremities. The lumbar spine exam revealed an antalgic gait, tenderness over the paraspinal muscles, lumbosacral junction, and the left posterior superior iliac spine. There was decreased range of motion and positive bilateral straight leg raise. The left knee

exam revealed left knee pain with heel-toe walk, medial, lateral, and patellofemoral joint line tenderness, tenderness of the pes anserine bursa, no ligament instability, and decreased range of motion. There was slight decreased dermatomal sensation at the lumbar 4-sacral 1 in the left lower extremity, slightly decreased motor strength due in the bilateral lower extremities to pain, and normal reflexes and vascular pulses in the bilateral lower extremities. The treatment plan includes MRIs, electrodiagnostic studies, continuing his current medications, and continuing physical therapy and shockwave therapy for the left knee and shockwave therapy for the right shoulder and lumbar spine. The requested treatment is a topical compound medication.

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% 180gm: 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 Antiepilepsy drugs (AEDs), Capaiscin, Topical Analgesics Page(s): 16-22, 28-9, 111-13.

Decision rationale: Capsaicin-Flurbiprofen-Gabapentin-Menthol-Camphor Topical Cream is a combination product formulated for use as a topical analgesic. It is made up of capsaicin (topical analgesic), flurbiprofen (a non-steroidal anti-inflammatory (NSAID) medication), gabapentin (an anticonvulsant), and two topical anesthetics, lidocaine and prilocaine. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is classified as non-steroidal anti-inflammatory drug (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not recommend for or against its use for chronic pain. Camphor is a topical medication with local anesthetic and antimicrobial properties. The MTUS does not recommend for or against its use for chronic pain. Capsaicin is a capsaicinoid compound with analgesic properties usually formulated as 0.025% for osteoarthritis or 0.075% for neuropathic pain. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. However, there are no evidence-based studies using 0.0375% preparations and no evidence that this higher dose formulation is superior to 0.025%. The MTUS recommends its use as option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended." Since gabapentin is not recommended for topical use, this product is not recommended. The request is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: 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 Cyclobenzaprine, Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics Page(s): 41-2, 63-6, 67-74, 111-13. Decision based on Non-MTUS Citation Jorge LL, Feres CC, Teles VEP. Topical preparations for pain relief: efficacy and patient adherence. J Pain Res. 2011; 4: 11-24.

Decision rationale: Flurbiprofen/Cyclobenzaprine Cream is a combination product formulated for topical use. It is made up of flurbiprofen (a non-steroidal anti-inflammatory (NSAID) medication) and cyclobenzaprine (a muscle relaxant). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since cyclobenzaprine is not recommended for topical use as there is no evidence of effectiveness, this product is not recommended. The request is not medically necessary.