

Case Number:	CM15-0076672		
Date Assigned:	04/28/2015	Date of Injury:	04/25/2011
Decision Date:	06/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/21/2015

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, California

Certification(s)/Specialty: Family Practice

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 31-year-old female, who sustained an industrial injury on 04/25/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine sprain/strain, cervical disc displacement herniated nucleus pulposus, cervical spine degenerative disc disease, cervical radiculopathy, thoracic spine pain, thoracic spine sprain/strain, thoracic spine herniated nucleus pulposus, low back pain, lumbar spine herniated nucleus pulposus, compression fracture of lumbar two, and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the cervical spine, acupuncture, and medication regimen. In a progress note dated 01/08/2015 the treating physician reports complaints of dull, achy neck pain and muscle spasms that is rated a five to six out of ten with associated symptoms of numbness and tingling to the bilateral upper extremities; complaints of dull, mid back pain and muscle spasms that is rated a six out of ten; and complaints of sharp, stabbing lower back pain and muscle spasms that is rated an eight out of ten with associated symptoms of numbness and tingling of the lower extremities. Physical examination revealed limited range of motion of the back, tenderness on palpation and decreased strength in UE and decreased sensation in LE. The treating physician requested Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 grams for moderate inflammatory, neuropathic pain along with Cyclobenzaprine 2%/Flurbiprofen 25% 180 grams as a muscle relaxant for moderate pain. The

medication list includes Synapryn, Toradol, Cyclobenzaprine, Fanatrex, Gabapentin and Flurbiprofen.

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%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: Capsaicin 0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2%, 180 grams. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: 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: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The medication Flurbiprofen is a NSAID "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, Capsaicin and menthol and Gabapentin are not recommended by MTUS in this patient. The medication Topical compounded Capsaicin

0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2%, 180 grams is not fully established in this patient. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%/flurbiprofen 25% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Cyclobenzaprine 2%/flurbiprofen 25% 180 grams. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As per cited guideline, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Flurbiprofen are not recommended by MTUS. The medical necessity of the medication Cyclobenzaprine 2%/flurbiprofen 25% 180 grams is not fully established in this patient. Therefore the request is not medically necessary.