

Case Number:	CM15-0090255		
Date Assigned:	05/14/2015	Date of Injury:	11/02/2013
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on November 2, 2013. He reported neck pain radiating down the right arm to all five fingers. The injured worker was diagnosed as having brachial neuritis, lumbosacral neuritis, cervical disc degeneration and neck sprain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of continued neck pain with radiating pain down the right upper extremity and into all five fingers. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported moderate benefit with physical therapy and good benefit with epidural injections. Evaluation on November 25, 2104, revealed continued pain with associated symptoms as noted. It was reported he was working on full duty. Compounded pain creams were requested.

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
 #1: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on the 11/25/14 progress report provided by treating physician, the patient presents with pain in the neck with radiation down the right arm and into all five fingers, rated 9/10. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15% GABAPENTIN 10% MENTHOL 2% CAMPHOR 2% 180GM #1. Patient's diagnosis per Request for Authorization form dated 11/25/14 includes cervical disc degeneration. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, epidural steroid injections, medications and work restrictions. Patient's medications include Ibuprofen, muscle rub, and Lidoderm patches. The patient is working regular duty, per 11/25/14 report. Treatment reports were provided from 11/12/14 - 12/13/14. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater has not provided reason for the request, nor indicated body part that would be addressed. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25% 180gm #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on the 11/25/14 progress report provided by treating physician, the patient presents with pain in the neck with radiation down the right arm and into all five fingers, rated 9/10. The request is for CYCLOBENZAPRINE 2% FLURBIPROFEN 25% 180GM #2. Patient's diagnosis per Request for Authorization form dated 11/25/14 includes cervical disc degeneration. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, epidural steroid injections, medications and work restrictions. Patient's medications include Ibuprofen, muscle rub, and Lidoderm patches. The patient is working regular duty, per 11/25/14 report. Treatment reports were provided from 11/12/14 - 12/13/14. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater has not provided reason for the request, nor indicated body part that would be addressed. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.