

Case Number:	CM15-0090490		
Date Assigned:	05/14/2015	Date of Injury:	03/16/2012
Decision Date:	10/13/2015	UR Denial Date:	04/14/2015
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: 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:

This 40 year old female sustained an industrial injury on 7-7-05. Documentation indicated that the injured worker was receiving care for cervical spine radiculopathy, cervical spine pain, shoulder impingement syndrome and low back pain. The injured worker had been using topical compound creams in conjunction with medications for treatment of pain since at least 3-13-14. In a letter of medical necessity dated 1-8-15, the physician noted that the goal was to provide an adjunct treatment to allow a reduction in the total amount of oral medications required. In a request for authorization dated 2-19-15, no physical exam was documented. The treatment plan included topical compound creams (Cyclobenzaprine 2 Percent, Gabapentin 15 Percent, Amitriptyline 10 Percent 180gm Apply Thin Layer to areas 3 times a day and Capsaicin 0.025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180gm). On 4-14-15, Utilization Review noncertified requests for topical compound creams: Cyclobenzaprine 2 Percent, Gabapentin 15 Percent, Amitriptyline 10 Percent 180gm Apply Thin Layer to areas 3 times a day and Capsaicin 0.025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apply Thin Layer to areas 3 times a day Capsaicin 0.025 Percent/Flurbiprofen 15 Percent/Gabapentin 10 Percent/Menthol 2 Percent/Camphor 2 Percent 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the requested components (capsaicin, flurbiprofen, gabapentin, menthol and camphor). These guidelines state that topical analgesics are 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. Regarding the component, gabapentin, the MTUS guidelines state the following: Gabapentin is not recommended. There is no literature to support the use of this agent as a topical analgesic. In this case, the compounded topical analgesic contains gabapentin, which is not recommended by the above-cited MTUS guidelines. Given that gabapentin is not recommended, the entire compounded topical analgesic is not recommended. This requested topical analgesic is not medically necessary.

Cyclobenzaprine 2 Percent/Gabapentin 15 Percent/Amitriptyline 10 Percent 180gm Apply Thin Layer to areas 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the requested components (cyclobenzaprine, gabapentin, and amitriptyline). These guidelines state that topical analgesics are 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. Regarding the component, gabapentin, the MTUS guidelines state the following: Gabapentin is not recommended. There is no literature to support the use of this agent as a topical analgesic. Further, these guidelines state that muscle relaxants, including cyclobenzaprine, are not recommended as a topical analgesic. In this case, the compounded topical analgesic contains gabapentin and cyclobenzaprine, which are not recommended by the above-cited MTUS guidelines. Given that gabapentin and cyclobenzaprine are not recommended, the entire

compounded topical analgesic is not recommended. This requested topical analgesic is not medically necessary.