

<b>Case Number:</b>	CM15-0099093		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Pain Management

### 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 33 year old male who sustained an industrial injury on 10/13/13 when he experienced sharp low back pain and was unable to move as he tried to move a grill to its place. He was medically evaluated with examination, low back x-rays, given ice, lumbar support and medications. He received physical therapy and was placed on work restrictions. In addition, due to repetitive nature of his job he developed right wrist/ hand pain and due to over-compensation also developed left wrist/ hand pain which was managed with medication. He currently complains of low back pain with radiation of pain, numbness and tingling to the left lower extremity with pain intensity of 7/10 with medication and 8/10 without medication; achy, dull right and left wrist pain with radiation of pain, numbness, tingling to the fingers with pain level of 5/10 with medications and 8/10 without medication. On physical exam of the lumbar spine there was decreased and painful range of motion, tenderness on palpation and muscle spasms of the bilateral sacroiliac joints and lumbar paravertebral muscles, sitting straight leg raise causes pain; right wrist show decreased and painful range of motion with tenderness to palpation of the anatomical snuffbox, dorsal wrist, lateral wrist, medial and volar wrist, Finklestein's cause pain; left wrist shows decreased range of motion and pain with anatomical snuffbox, dorsal wrist and volar wrist, Finklestein's causes pain, carpal compression causes pain. Medications are Anaprox, Prilosec, Tramadol, cyclobenzaprine. Diagnoses include lumbar muscle spasm; lumbar radiculopathy; lumbosacral sprain/strain; rule out lumbar disc protrusion; right and left de Quervain's disease; right wrist spasm/ strain; left wrist sprain/ strain. Treatments to date include chiropractic treatments; medications. In the progress note dated

3/3/15 the treating provider's plan of care included the requests for cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10%; capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, Menthol 2%, Camphor 2%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, prescribed 3/3/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/06/15) - Online Version, Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% is not medically necessary.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, prescribed 3/3/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/06/15) - Online Version, Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary.