

Case Number:	CM15-0123682		
Date Assigned:	07/08/2015	Date of Injury:	05/08/2014
Decision Date:	10/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina
 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 was a 25 year old male, who sustained an industrial injury, May 8, 2014. The injured worker previously received the following treatments chiropractic services, extracorporeal shockwave therapy, 2 topical ointments, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which was within normal limits and trigger points impedance imaging. The injured worker was diagnosed with cervical spine strain and or sprain, cervical disc displacement, thoracic spine HNP (herniated nucleus pulposus) thoracic spine sprain and strain, lumbar disc displacement (herniated nucleus pulposus) and lumbar spine sprain and or strain and rule out thoracic spine (herniated nucleus pulposus). According to progress note of May 27, 2015, the injured worker's chief complaint was burning, radicular neck pain with muscle spasms and lumbar burning, radicular mid back pain and muscle spasms. The pain was described as constant, moderate to severe. The pain was rated at 3-4 out of 10. The pain was aggravated by looking up, looking down, and sided to side as well as repetitive motion of the head and neck. The injured worker reported associated symptoms of numbness and tingling in the bilateral upper extremities. The lumbar spine pain was rated 5 out of 10. The pain was described as constant, moderate to severe. The pain was associated with numbness and tingling in the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, arising for a seated position, ascending stairs and stooping. The pain was aggravated by activities of daily living such as getting dressed and performing personal hygiene. The injured worker reported the symptoms persist but the medications do offer temporary relief from the [pain and improved the ability to have restful sleep]. The pain was also alleviated by activity restrictions. The physical

exam noted tenderness with palpation at the suboccipital region as well as over both scalene and trapezius muscles. There was decreased range of motion in all planes of the cervical spine. The sensation to pinprick and light touch was diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremity. The motor strength was 4 out of 5 in all represented muscle groups in the bilateral upper extremities. The lumbar spine not slight decrease in range of motion in the flexion, extension, left and right rotation. The straight leg raises were positive at 30 degrees bilaterally. The sensory exam noted decreased sensation to pin prick and light touch at the L4, L5 and S1 dermatomes bilaterally. The motor strength was 4 out of 5 in all the represented muscle groups in the bilateral lower extremities. The treatment plan included topical compound creams consisting of Capsaicin 15%, Gabapentin 10% and Menthol 2%, Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10%.

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 Medical Treatment 2009.

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

Decision rationale: CA MTUS Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. 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. In this case, the request is for a compounded product containing Capsaicin, Flurbiprofen, Gabapentin, Menthol and Camphor. Flurbiprofen is an NSAID recommended for osteoarthritis, however this patient has not been diagnosed with osteoarthritis. There is also no rationale given as to why an oral NSAID cannot be utilized. In addition, Gabapentin is not recommended for topical use. Therefore, the request for this compounded product is not medically necessary or appropriate.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. 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. In this case, the request is for a compounded product containing Cyclobenzaprine, Gabapentin and Amitriptyline. None of these drugs are recommended for topical use. Therefore, the request is not medically necessary or appropriate.