

Case Number:	CM13-0009438		
Date Assigned:	06/06/2014	Date of Injury:	08/10/2012
Decision Date:	07/11/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year old female who was employed as a maid/housekeeper. She reported that on 08/10/2012 that as she was cleaning, she slipped on a landing and fell down a flight of stairs in a customer's home. She had a contusion to her right hand and wrist, pain in the upper right leg. Subsequently she experienced pain in her neck and developed epicondylitis in the right arm. On 08/13/2012 she had x-rays which showed no fractures or deformity in the lumbar spine-radiographically unremarkable lumbosacral spine and radiographically unremarkable right shoulder with soft tissue swelling with no definitive acute fracture or subluxation of the right wrist. Right hip, radiographically unremarkable. Her diagnoses included "cervical sprain/strain, shoulder sprain, wrist sprain, lumbar spine sprain/strain and contusion of hip". Pharmacologically she was treated with pristiq, anaprox and zanaflex. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAM /GABA/CYCLO; FLURB /CAPS/ MENTH/ CAMPH FOR THE CERVICAL, LUMBAR, RIGHT SHOULDER ,RIGHT WRIST AND RIGHT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 123-125, 61,84.

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

Decision rationale: The injured worker was a housekeeper in a home when she slipped on a landing and fell down a flight of stairs on 08/10/2012. She received soft tissue injuries to the cervical and lumbar spine, right hip and right wrist. CA MTUS guidelines refer to topical analgesics as largely experimental 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. There is no indication that capsaicin at 0.0375% is any more effective than the 0.025% strength. Gabapentin is not recommended for topical use. In addition, there was no specified dosage or directions for use included. Thusly, the request for tram/gab/cyclo; flurb/caps/menth/camph for the cervical, lumbar, right shoulder, right wrist and right hip is not medically necessary.