

Case Number:	CM13-0065476		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2011
Decision Date:	09/05/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Pain Management 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 58-year-old male who sustained injuries on March 28, 2010 and January 14, 2011. He is diagnosed with (a) right C5-C7 discopathy with segmental instability and multilevel spondylosis; (b) lumbar discopathy with segmental instability and multilevel spondylosis; (c) right shoulder impingement, with ruled out rotator cuff pathology; and (d) carpal tunnel syndrome/double crush syndrome. He was seen on July 16, 2013 for a re-evaluation. He reported complaints of continued symptomatology in the cervical spine with chronic headaches, tension between the shoulder blades, and migraines. Examination of the cervical spine revealed tenderness over the cervical paravertebral muscles and upper trapezius muscles with spasms. Axial loading compression test and Spurling's maneuver were positive. There was painful and restricted cervical range of motion. There were signs and symptoms consistent with double crush. Examination of the right shoulder revealed tenderness over the right shoulder anteriorly. There were positive Hawkin's and impingement signs. There was pain with terminal motion with limited range of motion noted. Examination of the wrists revealed reproducible symptomatology in the upper extremities with signs and symptoms of carpal tunnel syndrome as there was a positive palmar compression test subsequent to Phalen's maneuver. There was also reproducible symptomatology in the median nerve distribution. Examination of the lumbar spine revealed pain and tenderness over the mid to distal lumbar segments. Standing flexion and extension were guarded and restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION COMPOUND: CAPSAICIN .09%+CAMPHOR 2%=MENTHOL 1%,
LIDT 2%=GABAPENTIN 10%: 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: According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records received for review, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains lidocaine and capsaicin, which are recommended as topical agents, it also constitutes Gabapentin, which is not recommended by guidelines as there was no peer-reviewed literature to support its use, as well as camphor and menthol, which are not addressed by the guidelines. Hence, the request for Gabapentin 10%/lidocaine 2%/camphor 2%/menthol 1%/capsaicin 0.9% is not considered medically necessary at this time.