

Case Number:	CM13-0067372		
Date Assigned:	03/21/2014	Date of Injury:	01/31/2012
Decision Date:	10/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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, Pain Medicine 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 67-year-old female who reported an injury on 01/31/2012. The mechanism of injury was lifting. Her diagnoses were noted to include cervical spondylosis, cervical radiculopathy, cervical strain, lumbar strain, lumbar spondylosis, lumbar radiculopathy, and bilateral carpal tunnel syndrome. Her past treatments have included activity restrictions, physical therapy, and medications. An Agreed Medical Examination was performed on 07/16/2013 and it was noted that the injured worker had clinical symptoms consistent with carpal tunnel syndrome and a recommendation was made for neurological studies to correlate with physical examination to determine whether she was a candidate for carpal tunnel release surgery. No additional clinical notes were provided. A prescription for a topical compounded medication, which includes capsaicin, camphor, menthol, lidocaine, and gabapentin, was submitted with a date of 11/15/2013. The rationale for this topical compound and the official Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

compound medication: Capsaicin .05% Camphor 2% Menthol 1% Lidocaine 2% Gabapentin 10% 120gms refill x 2: 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 MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also state that topical compounds that contain at least 1 drug that is not recommended are also not recommended. In regard to capsaicin, the Guidelines state that topical capsaicin is recommended only as an option for patients who have not responded or were intolerant to other treatments, and not over a 0.025% formulation. In regard to lidocaine, the Guidelines state that topical lidocaine, in the formulation of the Lidoderm patch, is recommended for neuropathic pain. However, no other commercially approved topical formulations are indicated. In regard to gabapentin, the Guidelines state that gabapentin is not recommended, as there is no peer-reviewed literature to support topical use. The clinical information submitted for review indicated that the injured worker was previously found to have neuropathic pain presenting as carpal tunnel syndrome. However, there was no documentation indicating that she had tried and failed an adequate course of antidepressants and anticonvulsants prior to being recommended for topical analgesics. In addition, there was insufficient documentation showing the failure or intolerance of other treatments in order to warrant use of topical capsaicin and the formulation requested exceeds the guidelines' maximum recommended 0.025% formulation. In addition, lidocaine is not recommended other than in the formulation of a Lidoderm patch and gabapentin is not recommended. Therefore, as the requested compound contains capsaicin 0.05%, lidocaine, and gabapentin, which are not recommended, the compound is also not recommended. Additionally, the request, as submitted, failed to provide a frequency. For the reasons noted above, the request for compound medication: Capsaicin .05% Camphor 2% Menthol 1% Lidocaine 2% Gabapentin 10% 120gms refill x 2 is not medically necessary and appropriate.