

Case Number:	CM13-0069691		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2010
Decision Date:	03/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 patient is a 53-year-old female with date of injury 01/31/2010. She is currently a patient of [REDACTED], an orthopedic surgeon, but was most recently examined by [REDACTED], a neurosurgeon. [REDACTED] examined the patient on 12/14/2013. His impression of the patient was the following: 1. Widespread cervical, shoulder, both upper extremities, and thoracic spine pain with no traumatic injury, except for claim to repetitive upper extremity motions during work., 2. No clear evidence of cervical radiculopathy or myelopathy., 3. Probable fibromyalgia at this time., and 4. Cervical disc bulges at C3-C7 on the basis of the MRI scan report. [REDACTED] states that this is not a typical presentation of cervical discogenic disease. The patient indicated that any kind of movements or utilization of her upper extremities results in aggravation of her symptoms. Neurologic exam revealed significant restriction of neck motions in all directions, which the patient indicates is due to associated pain. She is also complaining of significant tenderness of the skin and joints of both upper extremities to the degree that even light touch is bothersome and made my examination more restricted. I could not determine an obvious motor deficit with the exception of generalized give-away weakness throughout the entire both upper limbs. Her biceps and brachial radialis reflexes are about 1+ and triceps are trace. Hoffman sign is negative, and there is no muscle atrophy noted. Sensory examination revealed no clear dermatomal sensory loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 120 Gabapentin 10% in Capsaicin solution: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§Â§9792.20 - 9792.26 Page(s): 19, 111.

Decision rationale: Gabapentin is not recommended by the MTUS as topical agent. It is recommended only as an oral medication under certain circumstances. Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. There is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

The request for 120 Cooleeze (menth/camp cap/hyalor acid 3.5%, 0.5%, 0.006%, 0.2%):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§Â§9792.20 - 9792.26 Page(s): 111.

Decision rationale: There is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.