

Case Number:	CM14-0014634		
Date Assigned:	02/28/2014	Date of Injury:	09/06/2001
Decision Date:	08/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 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:

This is a 72-year-old female with a 9/6/01 date of injury. During her course of employment, she sustained injury to her neck, back, shoulders, and right hand. According to a 11/18/13 progress note, the patient presented with complaints of neck pain rated as 8/10 which radiated to the bilateral wrists, right shoulder pain rated as 7/10, left shoulder pain rated as 7/10, and low back pain rated as 9/10 on the numerical pain scale. On physical examination of the cervical spine, flexion, right rotation, left rotation, right lateral flexion and left lateral flexion are limited due to pain. Extension is limited due to pain and spasm. Diagnostic impression: cervical disc displacement, sprain of shoulder/arm, carpal tunnel syndrome, lumbago, hypertension, esophageal reflux, rotator cuff syndrome. Treatment to date: medication management, activity modification, surgery, physical therapy, and home exercise program. A UR decision dated 1/20/14 denied the requests for Tramadol 8%/Gabapentin 10%/Menthols 2%/ Camphor 2%/ Capsaicin 0.5 % cream and Flurbiprofen 10%/Cyclobenzaprine 10% cream. Guidelines do not support the use of gabapentin, NSAIDs, or muscle relaxants in a topical formulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Tramadol 8%/Gabapentin 10%/Menthols 2%/ Camphor 2%/ Capsaicin 0.5 % 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of gabapentin in a topical formulation. In addition, this formulation contains capsaicin in a 0.5% concentration, and guidelines do not support the use of capsaicin in a concentration greater than a 0.025% formulation. A specific rationale identifying why this product would be required in this patient was not provided. Therefore, the request for Pharmacy Purchase of Tramadol 8%/Gabapentin 10%/Menthols 2%/Camphor 2%/ Capsaicin 0.5 % cream is not medically necessary.

Flurbiprofen 10%/Cyclobenzaprine 10% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. NSAIDs and muscle relaxants are not supported by guidelines for topical use. A specific rationale identifying why this product would be necessary in this patient despite guideline support was not provided. Therefore, the request for Flurbiprofen 10%/Cyclobenzaprine 10% 180 gm is not medically necessary.