MAXIMUS Federal Services

Case Number:	CM14-0115747		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2009
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury on 10/09/2009 caused by heavy lifting. The injured worker's treatment history included MRI, medications, MR arthrogram right hip and physical therapy. The injured worker was evaluated on 04/29/2014, and it was documented that the injured worker complained of low back pain rated at a 10/10. He complained of pain in the right side of the waist, moreover, he reports having right hip pain rated at a 10/10. The pain aggravated with walking and lying down. He feels like his thigh bone slips out of his hip socket associated with pulsating pain. Physical examination of the right hip revealed decreased range of motion, pain with internal rotation, tenderness to palpation over the groin area, ambulates with a cane and antalgic gait. Diagnoses included status post right hip arthroscopy, unsuccessful, with right severe hip pain and the inability to ambulate without a cane, and right knee internal derangement. A Request for Authorization dated 03/25/2014 was for gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.37%. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.375% 120 gm.: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended is then not recommended. . Per the guidelines referenced, there is no evidence for use of any other muscle relaxant as a topical product gabapentin is not recommended since there is no peer-reviewed literature to support use. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. Given the above, the request for gabapentin 10%, cyclobenzaprine 10% and capsaicin 0.375%, is not medically necessary.