

Case Number:	CM14-0153669		
Date Assigned:	09/23/2014	Date of Injury:	05/02/2008
Decision Date:	10/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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 patient is an injured worker with the diagnoses of cervical discopathy, lumbar discopathy, carpal tunnel cubital tunnel double crush syndrome, and status post right lateral epicondylar release. Mechanism of injury was repetitive data entry. Date of injury was 05-02-2008. The progress report dated August 19, 2014 documented subjective complaints of pain in the cervical spine. Physical examination was documented. The patient is a well-developed, well-nourished female, in no acute distress. The patient is alert and oriented. The patient is pleasant and able to follow basic instructions. The patient is cooperative during the examination. There is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is painful and restricted cervical range of motion. There is dysesthesia at the C5 to C7 dermatomes. There are positive Tinel and Phalen signs at the wrists. There is a positive Tinel's sign at the elbows. There is pain with terminal flexion. There is no clinical evidence of instability. There is tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. There is pain with terminal motion. Diagnoses were cervical discopathy, lumbar discopathy, carpal tunnel cubital tunnel double crush syndrome, and status post right lateral epicondylar release. Treatment plan on 6/18//14 included Ketoprofen and Cyclobenzaprine. Utilization review determination date was 09-18-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% In Capsaicin Solution: 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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of topical products containing Gabapentin. Therefore, the request for Gabapentin 10% In Capsaicin is not medically necessary.

Gab 10%/Lid 2%/Aloe 5%/Cap 0.25%/Men 10%/Cam 5% Gel Patch: 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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of topical products containing Gabapentin. Therefore, the request for Gab 10%/Lid 2%/Aloe 5%/Cap 0.25%/Men 10%/Cam 5% Gel Patch is not medically necessary.