

Case Number:	CM14-0154029		
Date Assigned:	09/23/2014	Date of Injury:	04/09/2011
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty 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 47-year-old female who reported an injury on 04/09/2011. The mechanism of injury was not noted in the records. The injured worker's diagnoses include bilateral shoulder pain, bilateral carpal tunnel, lumbar radiculopathy, and mood disorder. The injured worker's past treatments included pain medication and physical therapy. There were no relevant diagnostic imaging studies provided for review. There was no surgical history documented in the records. The subjective complaints on 04/21/2014 included pain in the bilateral shoulders, bilateral wrists, and low back. The pain is rated 7/10. The objective physical exam findings noted decreased range of motion to bilateral shoulders and there is +2 tenderness to palpation to the rotator cuff attachment sites bilaterally. There is also decreased range of motion to bilateral wrists with tenderness to palpation over the carpal tunnel bilaterally as well. The lumbar spine revealed severe decrease in range of motion secondary to pain. There is palpable tenderness over the bilateral paraspinal muscles along with paraspinal muscle guarding. The injured worker's medications included deprizine, and dicopanlol. The treatment plan was to continue and refill the medications. A request was received for capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2%, and cyclobenzaprine 2% and flurbiprofen 25%. The rationale for the request was to alleviate the injured worker's pain. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111-1112.

Decision rationale: The request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In regard to gabapentin, it is not recommended for topical use as there is no peer reviewed literature to support its use. As the proposed compound contains a nonapproved form of Gabapentin, the request is not supported by the guidelines. As such the request is not medically necessary.

Cyclobenzaprine 2%, Fluribiprofen25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-1112.

Decision rationale: The request for Cyclobenzaprine 2%, Fluribiprofen25%: is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines do not recommend topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for its use or any other muscle relaxant as a topical compound. As the proposed compound contains a non-approved formulation of Cyclobenzaprine, the request is not supported by the evidence based guidelines. As such the request is not medically necessary.