

Case Number:	CM14-0173565		
Date Assigned:	10/24/2014	Date of Injury:	11/11/2012
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 35-year-old female with an injury date of 11/11/2012. According to the 10/01/2014 progress report, the patient complains of having cervical spine pain, bilateral shoulder pain, bilateral arm pain, and thoracic spine pain. Her cervical spine pain radiates to her bilateral upper extremities, right greater than left. She has numbness and tingling in her right upper extremity and rates her pain as a 5/10. She also has frequent headaches which are associated with her neck pain as well as stiffness in her neck. The patient's bilateral shoulder pain radiates to her bilateral upper extremities, right greater than left. She has numbness and tingling in her right upper extremity and rates her pain as a 5/10. In regards to the patient's bilateral arm pain, patient has numbness and tingling in her right upper extremity and rates her pain as a 5/10. In regards to thoracic spine pain, the pain continues in the mid back and is present 100% of the time. The patient has pain with forward flexion, extension, rotation, and lateral bending. She has difficulty sleeping and awakens at night due to this pain and discomfort. Sensation is decreased in the right C6, C7, and C8 dermatomes. The patient has severe pain and mild tingling in her right arm based on the 09/24/2014 report. The patient's diagnoses include the following: 1.Thoracic outlet syndrome.2.Right first rib resection in April 2009.3.Status post right anterior scalene resection in February 2014 with residual pain.4.Neuropathic pain in the upper extremities.5.Chronic neck and extremity pain.6.Trigger points in the right cervical paraspinal muscles, right trapezius, and levator scapula.7.Myofascial muscle in the cervical spine with mild stenosis at C2-C3 and C3-C4.8.Chronic pain syndrome.9.Anxiety and depression due to above chronic pain and chronic thoracic outlet syndrome.The utilization review determination being challenged is dated 10/13/2014. Treatment reports were provided from 05/20/2014 - 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent, Cyclobenzaprine 10 percent, Capsaicin 0.0375 percent gel, 120gm TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

Decision rationale: According to the 10/01/2014 progress report, the patient complains of having cervical spine pain, bilateral shoulder pain, bilateral arm pain, thoracic spine pain. The request is for gabapentin 10%, cyclobenzaprine 10%, and capsaicin 0.0375% gel 120g tid. The provider does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. MTUS Guidelines state that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, MTUS does not support the topical formulation of gabapentin. The request is not medically necessary.

Capsaicin 0.0375 percent, Menthol 5 percent, Camphor 2 percent, Tramadol 8 percent, Gabapentin 10 percent, Cyclobenzaprine 4 percent, 180 gm QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

Decision rationale: According to the 10/01/2014 progress report, the patient complains of having cervical spine pain, bilateral shoulder pain, bilateral arm pain, thoracic spine pain. The request is for capsaicin 0.0375%, menthol 5%, camphor 2%, tramadol 8%, gabapentin 10%, cyclobenzaprine 4% 180g qid. There is no indication of where the patient will be applying this topical ointment to. MTUS Guidelines provide a clear discussion regarding topical compounded creams. "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is not supported by MTUS for topical use. Tramadol is not supported on topical formulation either. Due to lack of support by MTUS Guidelines, the request is not medically necessary.