

Case Number:	CM14-0174020		
Date Assigned:	10/27/2014	Date of Injury:	12/17/2009
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53-year old female with a work injury dated 12/17/09. The diagnoses include cervical spine disc protrusions, cervical spine sprain and strain, cervical radiculopathy, right elbow lateral epicondylitis, mild bilateral carpal tunnel syndrome, lumbar spine disc protrusions, degenerative disc disease of the lumbar spine, lumbar stenosis, status post lumbar spine fusion, right knee pain and superior patellar spurring, left knee pain, right ankle pain, left foot spurring of the plantar aspect of the foot, status post right carpal tunnel release surgery, and depression. Under consideration are requests for topical medication Cyclobenzaprine 2 percent, Flurbiprofen 25 percent and the topical medication Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2percent, Canlphor 2 percent. Per documentation the current medications were Norco 2.5/325 mg one tablet PO BID, Wellbutrin 150 mg one tablet PO daily. The patient was prescribed Protonix 20 mg 1 tablet PO daily and a Capsaicin compound and Cyclobenzaprine compound. These medications controlled her pain. There is a 9/19/14 medical re-evaluation that states that the patient complains of her upper back, her right elbow, her right wrist, her left knee, her left foot, and her right ankle. She reports that since the last visit she is about the same. She states that her neck pain is a constant pain. It is a hot aching pain. She rates it as a 5/10. Her right elbow pain is off and on. It is a throbbing sensation. She rates it as a 5/10. Her right wrist is a constant throbbing pain. She rates that as a 7 /10 and with numbness and tingling. Her left knee is a constant aching pain. She rates it as a 6/10. Left foot is a frequent aching, throbbing, and burning sensation. She rates it as a 7/10. The right ankle is a constant sharp pain and she rates that as a 7 /10 as well. Examination of the right elbow revealed tenderness over the lateral epicondyle. The patient had decreased range of motion to flexion. The pronation and supination was diminished. The patient was positive on the Mill's test.

Examination of the wrist and hand revealed tenderness over the median nerve channel. The patient had decreased range of motion. The patient's grip strength was rated at a 3/5 bilaterally. The patient was positive on the Tinel's test and Phalen's test bilaterally with numbness and tingling into the fingers. Examination of the left knee revealed the patient had tenderness around the knee joint and tenderness on the medial and lateral aspects of the patella. The patient had crepitus noted with flexion and extension. The patient had decreased range of motion with tenderness around the patella as well. Examination of the right ankle revealed tenderness over the distal fibula, distal tibia, and around the plantar fascia. The patient had decreased range of motion. The patient had tenderness over the plantar fascia and over the calcaneus of the lower extremity foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Medication Cyclobenzaprine 2%. Flurbiprofen 25%,: 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: Topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not reveal intolerance to oral medications. Therefore, the request for topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary.

Topical Medication Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%: 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: Topical Medication Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs (such as Flurbiprofen) are

indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not recommend topical Gabapentin as there is no peer-reviewed literature to support use. Topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines do support topical salicylates such as Ben Gay which also contains menthol. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate support for topical Gabapentin. Additionally, there is no evidence the patient is intolerant to other treatments therefore topical Capsaicin is not recommended. The request for Topical Medication Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary.