

Case Number:	CM14-0178350		
Date Assigned:	10/31/2014	Date of Injury:	06/24/2014
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 52-year-old female who was injured on June 24, 2014. The patient continued to experience left knee and lower back. Physical examination was notable for medial joint line tenderness of the left knee, moderate paraspinal tenderness of the lumbar spine, and decreased strength of the right ankle/foot. Diagnoses included lumbar sprain and left knee sprain. Treatment included medications, cold packs, and home exercise program. Requests for authorization for compound topical analgesic capsaicin/flurbiprofen/gabapentin/menthol/camphor and compound topical analgesic gabapentin/amitriptyline/dextromethorphan were submitted for consideration.

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 Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical

Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation that the patient has tried and failed other treatments. The drug is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Camphor and menthol are topical preparations used for the relief of dry skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol and camphor are not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Medical Letter on Drugs and Therapeutics, Vol 43: Over the Counter (OTC) Cough Remedies

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended. There is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant. It is recommended as an oral medication for the treatment of chronic pain. It is not recommended as a topical medication. Dextromethorphan is an antitussive agent. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.