

Case Number:	CM14-0179376		
Date Assigned:	11/03/2014	Date of Injury:	01/05/1995
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 59-year-old female. Her date of injury was 01/05/1995. Her mechanism of injury was not included in the medical record. Her relevant diagnoses were neck pain more prominent on the left side with upper cervical and upper trapezius muscle spasms and tenderness, right cervical myofascial pain, right elbow pain, and right wrist and hand pain. Her past treatments have included trigger point injections. There are no diagnostic studies indicated in the medical record. Her surgical history included carpal tunnel surgery from an unknown date. She had complaints of neck pain that radiates to the bilateral upper shoulder areas on 10/16/2014. Her physical exam findings of 10/16/2014 include an abnormal heel/toe walk and tenderness over the cervical paraspinal muscles on right and left sides. Her medications included tramadol, and tizanidine. Her treatment plan included medications for pain and a request for a compounded analgesic cream. The rationale for the request states the compounded analgesic cream treats the myofascial symptoms in the neck area. The Request for Authorization form is signed and dated 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol, Capsaicin, Gabapentin, Camphor and Menthol: 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.

Decision rationale: The request for Tramadol, Capsaicin, Gabapentin, Camphor and Menthol is not medically necessary. The injured worker has a history of neck pain, of right cervical myofascial pain, right elbow pain, right wrist and hand pain. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The compounded product that contains at least 1 drug that is not recommended will not be recommended. Furthermore, there is no documentation addressing a trial of antidepressants and anticonvulsants for neuropathic pain control. Capsaicin is only recommended in a formulation of 0.025% and 0.075% for patients who have not responded or are intolerant to other treatments and is used for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There is no indication in the request as to the strength of the capsaicin. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. The dose, quantity, frequency and site of application for the compounded cream are not included in the request. The medical record does not indicate if the injured worker has neuropathic pain, and if she has failed a trial of antidepressants and anticonvulsants. The request does not include complete dosing instructions. As such, the medical record does not support the request. Therefore, the request is not medically necessary.