MAXIMUS Federal Services

Case Number:	CM14-0181609		
Date Assigned:	11/06/2014	Date of Injury:	01/08/2014
Decision Date:	12/22/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 29 year old female who had a work injury dated 1/8/14. The diagnoses include headache; sprain and strain of thoracic spine rule out disc displacement; sprain of ligaments of lumbar spine rule out disc displacement; radiculopathy, lumbar region; sprain and strain of other and unspecified parts of right knee; unspecified internal derangement of right knee; sexual dysfunction; anxiety disorder; mood disorder; sleep disorder. Under consideration are requests for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180gm Qty: 1.00 and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm Qty: 1.00.There is a 9/24/14 progress note that states that the patient complains of headaches. The patient complains of burning, radicular mid back pain and muscle spasms. The patient rates the pain as 8/10, on a pain analog scale. Her pain is aggravated by prolonged positioning including sitting, standing, walking, and bending. The patient complains of burning, radicular low back pain and muscle spasms. The patient rates the pain as 8/10, on a pain analog scale. Her pain is described as constant, moderate to severe. The pain is associated with numbness and tingling of the bilateral lower extremities. The patient complains of burning bilateral knee pain and muscle spasms. The patient rates the pain as 8/10, on a pain analog scale. Her pain is described as constant, moderate to severe. The patient is experiencing stress, anxiety, insomnia, and depression brought on by her chronic pain, physical limitations, inability to work and uncertain future since she was injured at work. The patient also complains of sexual dysfunction and cognitive disorder. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. The pain is also alleviated by activity restrictions. On exam there is tenderness with pain to palpation at the rhomboids and mid trapezius muscles. The patient

ambulates with an antalgic gait. The patient is able to heel-toe walk however she has pain with heel walking, right over the left. There is tenderness to palpation at the paralumbar muscles, quadratus lumborum, and lumbosacral junction and at the PSIS. There is trigger point noted on the right. There are no spasms or listing noted. There is also sciatic notch tenderness right over the left. There is decreased lumbar range of motion. There is a positive Lasegue's sign, flip test, and tripod sign bilaterally. There is hypermobile patella noted on the right knee. There is tenderness to palpation over the medial and lateral joint line and to the patella-femoral joint. There is a positive Apley and apprehension test of her knees. There is decreased bilateral knee range of motion. Slightly decreased sensation to pin-prick and light touch at the L4, LS and S1, dermatomes bilaterally. Motor strength is 4/5 in all the represented muscle groups in the bilateral lower extremities. The treatment plan is to continue medications; continue with the course of acupuncture treatment; referral to a pain management specialist for a consultation regarding epidural steroid injections for the lumbar spine; referral to an orthopedic surgeon for a consultation regarding bilateral knees and for PRP Injections regarding her left and right knee; continue with the course of shockwave therapy, that is, up to 3 treatments for the bilateral knees. The patient is to continue with the course of shockwave' therapy, that is, up to 6 treatments for the lumbar spine. Terocin patches for pain relief are requested for the patient.

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%; 180 gm Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180gm Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. 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 documentation does not indicate intolerance to oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains Gabapentin which is not supported by the MTUS. There is no documentation stating that the patient has been intolerant to other treatments requiring Capsaicin. The request does not specify to what body part the patient will be

applying this cream. For all these reasons, the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180 gm Qty: 1.00 is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical muscle relaxants (such as Cyclobenzaprine) are not recommended as there is no peer-reviewed literature to support use. The guidelines do not support topical Gabapentin or Amitriptyline. The documentation does not indicate intolerance to oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm Qty: 1.00 is not medically necessary.