

Case Number:	CM14-0039757		
Date Assigned:	06/27/2014	Date of Injury:	02/24/2011
Decision Date:	08/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 02/24/2011. The mechanism of injury was not provided. The injured worker underwent a C3 to C6 hybrid cervical reconstruction. The documentation indicated the injured worker had evidence of carpal tunnel syndrome and peripheral neuropathy through electrodiagnostics. The injured worker underwent an MRI of the left shoulder. The documentation indicated the injured worker was to undergo a left shoulder surgery. The documentation of 01/23/2014 revealed the injured worker had continued symptomatology in her left upper extremity. The injured worker had paresthesias and numbness in the ulnar 2 digits consistent with a possible ulnar neuropathy. The physical examination revealed tenderness in the cervical paravertebral muscles and upper trapezial muscles with spasm. There was pain with terminal motion. The physical examination of the left shoulder revealed a positive Hawkins impingement sign and the examination of the left upper extremity revealed the injured worker had a significantly positive Tinel's in the left cubital fossa with extension of symptomatology in the ulnar 2 digits. The elbow flexion test was positive and there was tenderness in the arcade of Struthers. The injured worker had tenderness of the lumbar paravertebral muscles. There was pain with terminal motion. The seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. The injured worker underwent x-rays on the date of examination in flexion and extension of the cervical spine, which revealed a solid fusion at the level of C4-5 and C5-6 and artificial disc replacement at the level of C3-4. Diagnoses included C3 to C6 hybrid cervical reconstruction, left shoulder impingement rule out rotator cuff pathology, electrodiagnostic evidence of carpal tunnel syndrome, and peripheral neuropathy, polyneuropathy, and lumbar discopathy. The treatment plan included surgical intervention to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% + Capsaicin 0.025 patch QTY: 120: 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 Gabapentin, Topical Capsaicin, Topical Analgesics Page(s): 113, 28, 111.

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. However, there was a lack of documentation of a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, which indicate that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The duration of use could not be established. There was no DWC Form RFA or PR2 submitted with the request. The request as submitted failed to indicate the frequency for the patches. Given the above, the request for Gabapentin 10% + Capsaicin 0.025 patch QTY: 120 is not medically necessary.

Gabapentin 10% + Lidocaine 2% w/Aloe Vera 0.5% + Emu oil 30% + Capsaicin (natural) 0.025% + Menthol 10% + Camphor 5% Patch QTY: 120: 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 Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates, Lidocaine, does not address Emu oil or Aloe Vera Page(s): 113, 28, 111, 105, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Omega-3 fatty acids (EPA/DHA), does not address Aloe Vera Topical Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/aloe-vera-topical.html>.

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Topical Salicylates are recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend Topical Salicylates. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The oral form of Omega 3 fatty acids are recommended per Official Disability Guidelines. There is no support for a topical application. The efficacy of cod liver oil for arthritis has been demonstrated in several clinical trials. Per Drugs.com, "Not all uses for aloe vera topical have been approved by the FDA. There are no regulated manufacturing standards in place for many herbal compounds and some marketed supplements have been found to be contaminated with toxic metals or other drugs." The clinical documentation submitted for review failed to provide a necessity for 2 forms of topical gabapentin and topical capsaicin. There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Additionally, the request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. There was no DWC Form RFA or PR2 submitted for the requested medication. Given the above, the request for Gabapentin 10% + Lidocaine 2% w/Aloe Vera 0.5% + Emu oil 30% + Capsaicin (natural) 0.025% + Menthol 10% + Camphor 5% Patch QTY: 120 is not medically necessary.