

Case Number:	CM14-0061244		
Date Assigned:	07/09/2014	Date of Injury:	11/28/2008
Decision Date:	08/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal Medicine and is licensed to practice in California. 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:

Patient is an injured worker with the diagnoses of discogenic syndrome cervical, discogenic syndrome lumbar, muscle spasm, insomnia, left shoulder impingement status post arthroscopic surgery, right shoulder impingement, bilateral median nerve injury, bilateral ulnar nerve injury, asthma. Date of injury was 11-28-2008. Anesthesiology report dated 04/08/14 indicates that the claimant was injured at work on 11/28/08. The claimant's current complaints include headache, neck pain, backache, and radicular left arm pain. The claimant needs the topical cream to control the pain. The oral medications that the claimant is currently on are a lot more helpful since the relief the claimant got from the cervical epidural steroid injection. The claimant is 80 percent improved. Current medications include Norco 7.5/325 four times daily, Ambien, Albuterol, Proventil, Advair, Neurontin, and Soma. On examination, the claimant is in severe discomfort. Regarding the cervical spine, the neck is stiff and moves with difficulty, with cervical lymphadenopathy. Cervical and lumbar spine range of motion is painful. There is muscle weakness in the hand grip bilaterally with decreased sensation in the hands on both sides. Bilateral straight leg raising is at 30 degrees with pain at the low back with radiation down the ipsilateral leg. Ankle and knee jerk on both sides are +1/4. Diagnosis were discogenic syndrome cervical, discogenic syndrome lumbar, muscle spasm, insomnia, left shoulder impingement status post arthroscopic surgery, right shoulder impingement, bilateral median nerve injury, bilateral ulnar nerve injury, asthma. Treatment plan was Soma, Neurontin, Voltaren, Prilosec, Ambien, and Capsaicin / Menthol / Camphor / Tramadol 0.0375/10/2.5/20 percent cream four times daily as needed, as well as cervical and lumbar epidural steroid injections. Treatment plan on 05-06-2014 included medications Norco, Soma, Neurontin, Voltaren, Ambien. Utilization review decision date was 04-25-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Menthol/Camphor/Tramadol cream 30gm: 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 Capsaicin, topical Page(s): 111-113; Page 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records do not document failure of trials of antidepressants and anticonvulsants for neuropathic pain. Patient has been prescribed Neurontin suggesting non-failure of the medication. Patient's medication regimen includes Norco, Soma, Neurontin, and Voltaren, suggesting patient's tolerance and response. Medical records do not support the medical necessity of topical analgesics. Therefore, the request for Capsaicin/Menthol/Camphor/Tramadol cream 30gm is not medically necessary.