

Case Number:	CM14-0070594		
Date Assigned:	07/14/2014	Date of Injury:	09/06/2007
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

The injured worker is a 51 year old female who suffered work-related injuries on September 6, 2007. She was diagnosed with cervical discopathy, left shoulder tendinitis and impingement, status post right cubital tunnel release and bilateral carpal tunnel syndrome and double crush syndrome. In a clinic note dated 1/29/14, she presented with complaints of cervical spine and bilateral upper extremities especially left shoulder symptomatology. Upon examination of the cervical spine, tenderness with spasm was noted over the paravertebral muscles and over the upper trapezial muscles. Axial loading compression test and Spurling's maneuver were positive. The injured worker's range of motion was noted to be restricted and painful. On examination of the left shoulder, tenderness was noted over the anterior glenohumeral region and over the subacromial space with a positive Hawkin's impingement sign. Internal rotation and forward flexion elicited symptomatology. Discomfort over the top of the acromioclavicular joint was also noted with a positive O'Brien's test. An examination of the upper extremities revealed positive Tinel's and Phalen's signs. Pain was noted with terminal flexion. Authorization for left shoulder surgery was still pending. In another progress note dated 3/17/14, the injured worker continued to complain of constant neck and left shoulder pain. Objective findings to the neck included tenderness and positive Spurling's maneuver. Objective findings to the left shoulder included positive impingement, Hawkins and decreased range of motion. She was recommended to continue her chiropractic treatment. This is a review for Flurbiprofen/Capsaicin (patch) cream with 4 refills and 120 gram Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (patch) which was prescribed for symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (patch) 10% 0.025% 10% 5% cream with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS; Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical analgesics.

Decision rationale: The submitted medical records contain limited information to support the medical necessity of the Flurbiprofen/Capsaicin (patch) cream with 4 refills. There is lack of documentation of subjective and objective findings of neuropathic pain in which topical analgesics are primarily indicated. Additionally, per the California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) it was indicated that these types of medications are indicated for individuals who have failed trials of antidepressants and anticonvulsants. There is nothing in the submitted records which indicated that the injured worker have tried and failed such pharmacologic treatment. The evidence based guidelines is silent with regard to topical Flurbiprofen. Capsaicin, on the other hand is stated to be indicated only as an option in injured workers who have not responded or are intolerant to other treatments and the documentation submitted did not indicate that the injured worker is intolerant to oral medications or was unable to take in medications in oral preparation. Therefore, it can be concluded that the request for Flurbiprofen/Capsaicin (patch) cream with 4 refills is not medically necessary.

120 gram Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (patch) 10% 2%.5%.025%10% 5% Gel with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS; Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical analgesics.

Decision rationale: The medical records received have limited information to support the necessity of 120 gram Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (patch) 10% 2%.5%.025%10% 5%. As per evidenced-based guidelines, there is little to no research to support the use of many of these agents and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pertaining to Lidocaine, the guideline indicated that this is not recommended for non-neuropathic pain and that there is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Gabapentin was also not recommended and that there is no peer-review literature to support use. The guideline was silent with regard to the use of aloe, Menthol and Camphor in topical analgesics. There is lack of documentation of subjective and

objective findings of neuropathic pain in which Lidocaine and Gabapentin are primarily indicated. Although orthopedic tests such Spurling's and Axial Compression tests were positive, the objective findings only included tenderness, spasm and limited range of motion. There were no subjective findings of numbness and tingling sensation, and weakness. There is no objective findings such as decreased sensation, muscle strength and reflex indicated. There are no imaging studies and electromyogram (EMG) or nerve conduction studies (NCV) that can corroborate the positive orthopedic tests to confirm the diagnosis. Therefore, it can be concluded that the request for 120 gram Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (patch) 10% 2%.5%.025%10% 5% is not medically necessary.