

Case Number:	CM14-0187159		
Date Assigned:	11/17/2014	Date of Injury:	04/25/2011
Decision Date:	02/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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 patient is a 30 year old female with the injury date of 04/25/11. Per physician's report 09/30/14, the patient has pain and muscle spasms in her neck, mid and lower back at 6-7/10, radiating down upper/ lower extremities bilaterally with numbing and tingling sensations. The patient states that "medications do offer her temporary pain relief and improve her ability to have restful sleep. She denies any problems with the medications." The patient is currently taking Deprizine, Discopanal, Fanatrex, Synapryn, tabradol, Capsaicin, Fluriprofen, Menthol, Cyclobenzaprine, Gabapentin. The lists of diagnoses are:1) Cervical spine sprain/ strain2) Cervical disc displacement HNP3) Cervical radiculopathy4) Thoracic spine pain5) Thoracic spine HNP6) Low back pain7) Lumbar spine HNP8) Compression fracture of L29) Lumbar radiculopathyPer 08/06/14 report, the results of laboratory tests on 01/07/14 and 03/04/14 were entirely negative. The patient has not worked since May 2011. The utilization review determination being challenged is dated on 10/23/14. Treatment reports were provided from 04/01/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm: 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 creams Page(s): 111.

Decision rationale: The patient presents with pain and weakness in her neck and lower back and upper/ lower extremities bilaterally. The request is for 180 mg compounded topical cream (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%). All reports discuss individual ingredients which the patient has been utilizing, but none of the reports discuss topical creams. MTUS guidelines do not recommend Gabapentin as topical cream. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. Given the lack of support for topical Gabapentin, the request is not medically necessary.

1 prescription of Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm: 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 creams Page(s): 111.

Decision rationale: The patient presents with pain and weakness in her neck and lower back and upper/ lower extremities bilaterally. The request is for 180 mg compounded topical cream (Cyclobenzaprine 2%, Flurbiprofen 25%). All reports discuss individual ingredients which the patient has been utilizing, but none of the reports discuss topical creams. MTUS guidelines do not recommend Cyclobenzaprine as topical cream. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. Given the lack of support for topical Cyclobenzaprine, the request is not medically necessary.