

Case Number:	CM14-0191736		
Date Assigned:	11/25/2014	Date of Injury:	10/19/2000
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 & 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 47-year-old male with date of injury of 01/19/2000. The listed diagnoses from 10/09/2014 are: 1. Lumbago. 2. Pain in the joint, shoulder region. 3. Unspecified disorders of the bursa and tendons, shoulder region. 4. Displacement cervical intervertebral disk without myelopathy. 5. Degeneration of the cervical intervertebral disk. 6. Cervicalgia. 7. Postlaminectomy syndrome, cervical region. 8. Brachial neuritis or radiculitis, NOS. According to this report, the patient complains of chronic severe neck pain as well as internal derangement of the left shoulder. Since his last visit, the patient reports worsening of his bilateral leg pain. He is having trouble holding his bladder recently which he reports is due to a pinched nerve in his low back. The patient continues to report left-sided clavicle pain which radiates to the left lower extremity. He reports his average pain without medication 10/10 and with medications 7/10. His medications are keeping him functional, allowing for increased mobility and tolerance of ADLs and home exercises. No side effects were reported. The examination shows tenderness upon palpation in the cervical spine specifically C3-C4 level. Range of motion is decreased in the cervical spine. Straight leg raise is positive bilaterally. Tenderness to palpation in the thoracic paraspinal muscles. Gait is normal. Strength in upper and lower extremities is normal. No evidence of sensory loss. The documents include an MRI of the cervical spine from 01/14/2014, cervical medial branch block operative report from 08/11/2014 and progress reports from 05/27/2014 to 10/09/2014. The utilization review denied the request on 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gab/Lid/Aloe/Cap/Men/Cam Gel 120gm: 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 Page(s): 111.

Decision rationale: This patient presents with neck, left shoulder, and lumbar spine pain. The treater is requesting GAB/LID/ALOE/CAP/MEN/CAM GEL 120 G. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The records do not show a history of topical compound use. Gabapentin is not supported by the MTUS Guidelines in topical formulation. The request IS NOT medically necessary.

Flurbiprofen/Capsaicin Cream 120gm: 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 NSAIDs, capsaicin Page(s): 111, 112.

Decision rationale: This patient presents with neck, left shoulder, and lumbar spine pain. The treater is requesting FLURBIPROFEN/CAPSAICIN CREAM 120 G. For Flurbiprofen, the MTUS Guidelines page 111 on Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS Guidelines page 112 on capsaicin states, "recommended only as an option in patients who have not responded or are intolerant to other treatments... There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain but it should be considered experimental in very high doses". The records do not show a history of flurbiprofen/capsaicin cream use. In this case, this patient does not present with peripheral joint osteoarthritis and tendinitis. MTUS does not support the use of topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The request IS NOT medically necessary.

