

Case Number:	CM14-0194047		
Date Assigned:	12/01/2014	Date of Injury:	08/23/2013
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53 year old female with date of injury 8/23/13. The mechanism of injury is stated as cumulative trauma. The patient has complained of neck pain, right shoulder pain, right wrist pain and low back pain since the date of injury. She has been treated with physical therapy and medications. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the cervical paraspinal musculature right greater than left, decreased and painful range of motion of the right shoulder, decreased and painful range of motion of the lumbar spine. Diagnoses: cervical spine strain, cervical spine radiculopathy, lumbar spine strain, lumbar spine radiculopathy. Treatment plan and request: Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180gm, 3 times day #1; Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent 180 gm, 3 times day for pain #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180gm, 3 times day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/30/14) Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 53 year old female has complained of neck pain, right shoulder pain, right wrist pain and low back pain since date of injury 8/23/13. She has been treated with physical therapy and medications. The current request is for Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180gm, 3 times day #1. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent 180gm, 3 times day #1 is not indicated as medically necessary.

Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent 180 gm, 3 times day for pain #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/30/14) Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 53 year old female has complained of neck pain, right shoulder pain, right wrist pain and low back pain since date of injury 8/23/13. She has been treated with physical therapy and medications. The current request is for Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent 180 gm, 3 times day for pain #2. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent 180 gm, 3 times day for pain #2 is not indicated as medically necessary.