

Case Number:	CM14-0197333		
Date Assigned:	12/05/2014	Date of Injury:	07/27/2012
Decision Date:	01/23/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 63 year old who was injured at work on 07/27/2012. He is reported to be suffering from chronic headaches, poor vision, and difficulty hearing. The most recent medical records indicate he complains of pain in his bilateral shoulders that radiate down his arms and fingers, associated with muscles spasms. In addition, he has bilateral wrist pain, elbow, knees and ankle pain. The elbow pain is associated with weakness, numbness and tingling that radiate to the hands and fingers. Also, he complained of low back pain with numbness and tingling in the bilateral lower extremities, and muscle spasms. The injured worker also suffers from insomnia, stress, anxiety disorders, and depression. The physical examination revealed limited shoulder range of motion, positive impingement signs bilaterally, positive empty can sign, tenderness in the extensor compartment of the bilateral elbows, tenderness of the carpal tunnel, diminished sensations at the C5-T1 dermatomes, tenderness of the inferior iliac spine, positive posterior drawer on the left, decreased sensations in the L4-S1 dermatome, weakness of the bilateral L2-S1 myotomes. The worker has been diagnosed of headaches, hearing loss, visual disturbance, bilateral shoulder impingement syndrome, R/ O injury of tendon and muscles of rotator cuff bilateral shoulders, sprain of elbow bilateral, bilateral wrist carpal tunnel syndrome, low back pain, sprain of ligaments of lumbar spine r/o disc displacement, sprain of bilateral knee, sprain of ligament of ankle, bilateral, anxiety disorder, Nonorganic sleep disorder. Treatments have included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. At dispute are the requests for Topical compound 180gm Capsaicin 0.025, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; and Topical compound 180gm Cyclobenzaprine 2%, Flurbiprofen 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Capsaicin 0.025, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: 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): 111-113.

Decision rationale: The injured worker sustained a work related injury on 07/27/2012. The medical records provided indicate the diagnosis of headaches, hearing loss, visual disturbance, bilateral shoulder impingement syndrome, R/ O injury of tendon and muscles of rotator cuff bilateral shoulders, sprain of elbow bilateral, bilateral wrist carpal tunnel syndrome, low back pain, sprain of ligaments of lumbar spine r/o disc displacement, sprain of bilateral knee, sprain of ligament of ankle, bilateral, anxiety disorder, Nonorganic sleep disorder. Treatments have included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. The medical records provided for review do not indicate a medical necessity for Topical compound 180gm Capsaicin 0.025, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2%. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary and appropriate since Flurbiprofen, Gabapentin, Menthol, and Camphor are not recommended.

Topical compound Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: 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): 111-113.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Topical compound Cyclobenzaprine 2%, Flurbiprofen 25% 180gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Cyclobenzaprine nor Flurbiprofen is recommended, therefore, the requested treatment is not medically necessary and appropriate since.