

Case Number:	CM14-0202364		
Date Assigned:	12/12/2014	Date of Injury:	09/09/2012
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Pain Management, 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 35 year old male with date of injury 09/09/12. The treating physician report dated 09/16/14 indicates that the patient presents with radicular neck pain/ muscle spasms, left shoulder pain which radiates down the arm and into the fingers, left wrist has burning pain and muscle spasms, burning low back pain which radiates into the left foot which causes numbness and tingling in the bilateral lower extremities, and abdominal pain. (94) The patient rates their pain as 7-8/10 but medications do help. The physical examination findings reveal tenderness to palpation at the suboccipital region and over the scalene and trapezius muscles. Range of motion tests of the cervical spine reveal flexion- 35 degrees, extension- 50 degrees, left rotation- 66 degrees, right rotation- 65 degrees, left lateral flexion- 30 degrees, and right lateral flexion- 30 degrees. Range of motion tests of the lumbar spine reveal flexion- 35 degrees, extension- 15 degrees, left rotation- 15 degrees, right rotation- 20 degrees, left lateral flexion- 10 degrees, and right lateral flexion- 10 degrees; Straight Leg Test was positive at 40 degrees for the left and right. The left shoulder was tender with range of motion being flexion- 155 degrees, extension- 40 degrees, adduction- 165 degrees, adduction- 40 degrees, external rotation- 75 degrees, and internal rotation- 75 degrees. The wrist was also tender with limited range of motion. Prior treatment history includes epidural injection, cervical spine surgery, physical therapy, acupuncture, and medications. MRI findings reveal C5-6 disc protrusion from C3-4 through C6-7 associated with effacement of thecal sac, encroachment of the nerve roots are noted at C6-7, and foraminal stenosis on the right is noted at C3-4 and C4-5. The current diagnoses are: 1. Sprain of Ligaments of Cervical Spine 2. Radiculopathy, Cervical & Lumbar 3. Left Shoulder Rotator Cuff Tear 4. Synovitis and Tenosynovitis, Left Hand 5. Left Wrist Cyst 6. IBS 7. Sleep Disorder The utilization review report dated 11/04/14 denied the request for Cyclobenzaprine 2%

Flurbiprofen 25% 180 Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2%
Camphor 2 % 180 gm based on guideline recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2% Flurbiprofen 25% 180 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 Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical
Analgesics Page(s): 111-113.

Decision rationale: The treating physician report dated 09/16/14 indicates that the patient presents with radicular neck pain/ muscle spasms, left shoulder pain which radiates down the arm and into the fingers, left wrist has burning pain and muscle spasms, burning low back pain which radiates into the left foot which causes numbness and tingling in the bilateral lower extremities, and abdominal pain. The current request is for Cyclobenzaprine 2% Flurbiprofen 25% 180 Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2 % 180 gm. In this case, the MTUS guidelines do not support the use of Gabapentin in topical formulation. Recommendation is for denial.