

Case Number:	CM14-0204171		
Date Assigned:	01/29/2015	Date of Injury:	02/15/2013
Decision Date:	03/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old woman sustained an industrial injury on 2/15/2013. The mechanism of injury was not detailed. Current diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, myospasms, right knee internal derangement, headaches, right knee anterior cruciate ligament possible tear, baker's cyst, medial meniscus tear, lumbar spine disc protrusions, right shoulder acromioclavicular osteoarthritis, supraspinatus tendonitis, infraspinus tendonitis, subscapularis tendonitis, subacromial subdeltoid bursitis, sunchondral cyst in the humeral head, left shoulder supraspinatus tendonitis/infraspinatus tendonitis, acromioclavicular osteoarthritis, cervical spine multilevel disc protrusions, maxillary sinus chronic changes, gastritis, depression, anxiety, and insomnia. Treatment has included oral medications. Physician notes dated 11/19/2014 show complaints of worsening upper back pain and worsening radiation down her left arm, constant left hand pain with radiation through the left arm, constant low back pain with worsening radiation down her right leg, intermittent right knee pain that is worse in cold weather, persistent temporal headaches with radiation to the neck, decreased anxiety, depressions and insomnia. Recommendations include naproxen, Pantoprazole and a transdermal compound. There is no rationale included for this decision or a listing of specific ingredients or concentrations requested for the application. On 11/21/2014, Utilization Review evaluated a prescription for Capsaicin 0.0255%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gram, that was submitted on 12/5/2014. There is no rationale included with the UR decision. No citations are identified for the basis of the decisions made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0255%, Flurbiprofen15%, Gabapentin10%, Menthol2%, Camphor2% 180gm:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Capsaicin 0.0255%, Flurbiprofen15%, Gabapentin10%, Menthol2%, Camphor2% 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state that Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support Gabapentin therefore, the request for the entire product is not medically necessary. There are no extenuating circumstances that would require this patient to have this topical medication.