

Case Number:	CM14-0204221		
Date Assigned:	12/16/2014	Date of Injury:	01/23/2012
Decision Date:	02/10/2015	UR Denial Date:	11/25/2014
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. The expert reviewer is Board Certified in Family Practice 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 injured worker is a 38 year old male who has a continuous trauma injury from 01/23/2012 to 02/04/2013 when he developed pain in his bilateral shoulder, arms, back, legs and feet. The diagnoses include lumbar spine multilevel disc protrusion, left shoulder osteophytic spur, right shoulder pain, left shoulder pain, bilateral shoulder sprain/stain, bilateral elbow sprain/strain, lumbar radiculopathy, dermatitis, and eye disorder, not otherwise specified. Per the doctor's notes dated 03/10/14 he had complaints of constant low back pain, weakness of the bilateral lower extremities, bilateral elbow and bilateral shoulder pain and persistent blurry vision. The physical examination revealed mild conjunctival erythema, lumbar spine-tenderness, spasm and limited lumbar range of motion; bilateral shoulders- tenderness and positive impingement; bilateral elbows- tenderness and normal range of motions. The medications list includes Cyclobenzaprine 7.5mg and Naproxen 550mg. Topical compound analgesic cream was prescribed on 3/10/14. He has undergone surgery for right pinky finger in 1997. He has had EMG/NCS lower extremity dated 4/11/2013 with normal findings, EMG/NCS upper extremity dated 5/16/13 with normal findings and CT shoulder dated 5/28/13 which revealed osteophytic spur from postero-superior glenoid, Os acromian noted, small bone island in humeral head; CT right shoulder and bilateral elbow dated 5/28/13 with unremarkable findings; CT lumbar spine dated 5/28/13 which revealed minute bilateral lumbar ribs at Ll. 2.9 mm disc protrusion at L3-4, 2.3 mm disc protrusion at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 117.

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

Decision rationale: Flurbiprofen is an NSAID and gabapentin is anti-convulsant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,.....). (Argoff, 2006) There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.....Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use..... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.Gabapentin: Not recommended. There is no peer-reviewed literature to support use...." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Med Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2% 180gm is not fully established for this patient.