

Case Number:	CM14-0207741		
Date Assigned:	12/19/2014	Date of Injury:	09/05/2012
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/11/2014

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old female sustained work related industrial injuries on September 5, 2012. The mechanism of injury involved the use of a heavy machine to polish floors, resulting in a sharp pain to the right side of body and cumulative trauma from housekeeping duties. The injured worker subsequently complained of pain in neck, bilateral shoulder, right arm, right wrist, left upper extremity, upper back and headaches. The injured worker was diagnosed and treated for migraine headaches, tension headaches, cervical spine sprain/strain with myospasms, cervical spine disc protrusions, cervical radiculopathy, cervical stenosis, right shoulder sprain/strain, right shoulder tendinosis, right shoulder arthritis, bilateral medial and lateral clinical epicondylitis, and carpal tunnel syndrome. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, acupuncture therapy, physical therapy, consultations and periodic follow up visits. Per treating provider report dated November 18, 2014, the injured worker complained of pain that was unchanged. The injured worker reported that her pain was well controlled with medication and acupuncture helped to temporarily decrease pain and that she was able to do more activities of daily living. Physical exam revealed tenderness with decreased range of motion of the cervical spine, right shoulder and bilateral wrist. There was tenderness noted over the medial and lateral epicondyles. Treating provider noted that the X-ray of the cervical spine from 9/20/2014 revealed a reversal of the cervical lordosis which may be positional or reflect an element of myospasm. X-ray of the right shoulder, bilateral elbows and bilateral wrist from 9/20/2014 were unremarkable. As of November 18, 2014, the injured worker was placed on modified duty. The treating physician prescribed Capsaicin 0.025% Flurbiprofen 15%

Gabapentin 10% Menthol 2% Camphor 2% now under review. On December 3, 2014, the Utilization Review (UR) evaluated the prescription for Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% requested on November 18, 2014. Upon review of the clinical information, UR non-certified the request for Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%, noting the lack of clinical documentation for response of antidepressants and anticonvulsants or intolerance to oral medication and the recommendations according to the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%: 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 9792.24.2 Compound topical products Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Compound Topical Analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressants and anticonvulsants have failed. It is recommended that the second line treatment with plain lidocaine products as Lidoderm before the use of compound products. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. The patient was diagnosed with musculoskeletal pain located in many body regions. There is no documentation of failure of first line medications. The guidelines recommend that topical analgesic products be tried and evaluated individually for efficacy. There is lack of guidelines support for the use of topical gabapentin, camphor and menthol for the treatment of chronic musculoskeletal pain. The patient was also utilizing an oral NSAID. The use of multiple NSAIDs is associated with increased risk of NSAIDs related complications. The criteria for the use of topical flurbiprofen 15%/ gabapentin 10%/ capsaicin 0.025%/ menthol 2%/ camphor 2% was not met.