MAXIMUS Federal Services

Case Number:	CM15-0000352		
Date Assigned:	01/09/2015	Date of Injury:	01/17/2014
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female with a date of injury as 01/17/2014. The cause of the injury was related to a trip and fall. The current diagnoses include medication induced gastritis, cervical spine sprain/strain with myospasms, lumbar spine sprain/strain, lower extremity neuropathy, right knee sprain/strain status post left lower leg surgery, left ankle pain, left foot pain, right ankle sprain/strain, sensory peripheral polyneuropathy, right knee degenerative enthesophyte, bilateral ankle heel spurs, status post ORIF of the tibia and fibula, chronic pain, tension headaches, and insomnia. Previous treatments include medications, acupuncture, and surgery. Primary treating physician's report dated 11/24/2014 was included in the documentation submitted for review. Report dated 11/24/2014 noted that the injured worker presented with complaints that included constant neck pain, right shoulder pain, right knee pain, low back pain, bilateral ankle and foot pain, and worsening pain that radiates up and down her leg. Physical examination revealed cervical spine, lumbar spine, right knee, and left foot and ankle tenderness, decreased range of motion in the cervical spine, lumbar spine, and right knee. Treatment plan consisted of continued acupuncture, request for MRI's, EMG/NCV test, orthopedic consultation, podiatry consultation, and refilling medication. Medication regimen consists of ibuprofen, and pantoprazole DR. New prescription for transdermal compounds and gabapentin were prescribed for neuropathic pain. The injured worker is on modified work restrictions, but if this is not available then she will placed on temporary total disability per the 11/24/2014 report. The utilization review performed on 12/10/2014 non-certified a prescription for compound Capsaicin 0.05%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor based on clinical information

obtained does not establish necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin 0.05%/Flurbiprofen 15%; Gabapentin 10%/ Menthol 2%/ Camphor 180gm: 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 analgesic Page(s): 111-113.

Decision rationale: The 12/10/14 Utilization Review letter indicates that medical records from 5/8/14 through 10/19/14 were reviewed, and the request for the compound topical medication was denied. Unfortunately, those medical records were not provided for this review. The single report provided is dated 11/24/14, and describes a 44 year-old female patient with pain in the neck, right shoulder, right knee, low back, left and right ankles and feet. She was injured on 1/17/14 and has extensive diagnoses including: medication induced gastritis; cervical sprain; lumbar strain; lower extremity neuropathy; right knee sprain, s/p left lower leg surgery; left ankle pain; left foot pain; right ankle sprain; sensory peripheral polyneuropathy per NCV 9/22/14; right knee degenerative enthesophyte; bilateral ankle heel spurs; s/p ORIF tibia and fibula; chronic pain; tension headaches; insomnia. There is no discussion of the topical compound on the provided medical report. The request is for Compounded Topical with Capsaicin 0.05%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor, 180 gm.MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical compound contains gabapentin. MTUS states topical gabapentin is not recommended, therefore the whole compounded topical product that contains gabapentin is not recommended. The request for: Compounded Topical with Capsaicin 0.05%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor, 180 gm IS NOT medically necessary.