

Case Number:	CM15-0003402		
Date Assigned:	01/14/2015	Date of Injury:	09/25/2012
Decision Date:	03/09/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/07/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 59 year old male, who sustained an industrial injury on September 25, 2012. He has reported injury to the right knee and the lower back. The diagnoses have included low back pain, lumbar spine herniated nucleus pulposus, lumbar facet arthropathy, hemangioma at L3, lumbar radiculopathy, right knee medial meniscal tear, osteoarthritis of the left knee and right knee internal derangement. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medication. Currently, the injured worker complains of sharp, stabbing low back pain radiating into both legs and sharp, stabbing bilateral knee pain with muscle spasms. He stated that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. On January 7, 2015, Utilization Review non-certified a Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams quantity one and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams quantity one, noting the California Medical Treatment Utilization Schedule. On January 7, 2015, the injured worker submitted an application for IMR for review of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams quantity one and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams quantity one.

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%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

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

Decision rationale: The MTUS Guidelines are very specific in stating that only topical agents that are FDA approved for topical use are recommended. The Guidelines also state that if a topical agent is not Guideline supported any compound utilizing that agent is not recommended. Guidelines specifically do not recommend the topical use of Flubiprofen and they specifically do not recommend the use of topical Gabapentin. The compounded Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%, 180 grams is not supported by Guidelines and is not medically necessary.

Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Muscle Relaxants Sections.

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

Decision rationale: The MTUS Guidelines are very specific in stating that only topical agents that are FDA approved for topical use are recommended. The Guidelines also state that if a topical agent is not Guideline supported any compound utilizing that agent is not recommended. Guidelines specifically do not recommend the topical use of muscle relaxants (Cyclobenzaprine) and they specifically do not recommend the use of topical Gabapentin. The compounded Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% is not supported by Guidelines and is not medically necessary.