

Case Number:	CM15-0006295		
Date Assigned:	01/29/2015	Date of Injury:	10/22/2013
Decision Date:	03/27/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 10/22/13. He has reported low back pain. The diagnoses have included lumbar disc with bilateral lower extremity neuralgia, cervical disc with radiculitis, bilateral shoulder impingement and sleep disorder with depressive disorder. Treatment to date has included caudal epidural steroid injection and oral medications. (MRI) magnetic resonance imaging of thoracic spine performed on 3/14/14 revealed T2-3, T6-7, T7-8 and T10-11 disc level dehiscence of the nucleus pulposus. Currently, the injured worker complains of constant, moderate neck pain. Progress noted dated 12/1/14 revealed positive neurological findings and decreased sensory at L5-S1 on left; left shoulder range of motion decreased and lumbar range of motion decreased. On 12/19/14 Utilization Review non-certified Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, menthol 2%, Camphor 2% 180gm and Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, noting they are not recommended as there is no evidence to support use. The MTUS, ACOEM Guidelines, was cited. On 1/8/15, the injured worker submitted an application for IMR for review of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, menthol 2%, Camphor 2% 180gm and Cyclobenzaprine 2%, Flurbiprofen 25% 180gm.

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% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin and Topical Analgesics Page(s): 28-29 & 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the use of topical gabapentin is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the use of topical cyclobenzaprine, a muscle relaxant, is not medically necessary.