

Case Number:	CM15-0007335		
Date Assigned:	01/26/2015	Date of Injury:	10/13/2011
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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 42-year-old male who reported injury on 10/13/2011. The mechanism of injury was not submitted for review. The injured worker was diagnosed with headaches, right eye pain, tendonitis, cervical spine herniated nucleus pulposus, cervical spine radiculopathy, left shoulder sprain/strain, left shoulder tenosynovitis, left shoulder AC joint arthrosis, left elbow lateral epicondylitis and left wrist sprain/strain. No UAs or drug screens were submitted for review. On 12/10/2014, the injured worker complained of pain in the head and neck, which he rated at a constant 5/10 to 6/10. The injured worker also complained of left shoulder pain, that he rated at a 6/10 to 7/10. Physical examination of the cervical spine revealed tenderness to palpation at the sub occipital muscles, scalene muscles and over the sternocleidomastoid muscles. Cervical distraction and maximal foraminal compression tests were positive bilaterally. Examination of the left shoulder revealed tenderness to palpation at the supraspinatus and subscapular muscles, as well as tendon attachment sites. Drop arm and Apley's scratch were negative, and supraspinatus and empty can tests were positive. Medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for 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% 180gm: Upheld

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

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

Decision rationale: The request for capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180gm is not medically necessary. The MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that gabapentin is not recommended for topical application. The MTUS Guidelines further state that capsaicin is recommended only as an option if patients have not responded or are intolerant to other treatments. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the topical medication was helping with any functional deficits the injured worker was having. There were no other significant factors provided to warrant the request. Furthermore, there was no evidence of the injured worker having a diagnosis congruent with the above guidelines. Moreover, the request as submitted did not specify a dosage in the request, nor did it indicate or specify the location the medication was to be applied to. Given the submitted documentation and the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

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

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

Decision rationale: The request for cyclobenzaprine 2%, flurbiprofen 25% 180gm is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical application. The guidelines further state that topical NSAIDs are recommended for osteoarthritis and tendonitis in particular, that of the knee, elbow or other joints that are amenable to topical treatment. Recommendation is short term, usually 4 to 12 weeks. As the guidelines do not recommend the use of muscle relaxants for topical application, the medication would not be indicated. Additionally, the efficacy of the medication was not submitted for review, nor was it clear that the medication was helping with any functional

deficits the injured worker was having. Additionally, the injured worker did not have a diagnosis congruent with the above guidelines. Given the submitted documentation and the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.