

Case Number:	CM15-0100380		
Date Assigned:	06/02/2015	Date of Injury:	05/13/2014
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female who reported an industrial injury on 5/13/2014. Her diagnoses, and/or impressions, are noted to include rule-out cervical and lumbar disc protrusion, radiculitis versus radiculopathy, and right and left shoulder derangement; thoracic disc protrusion; left shoulder internal derangement; right and left forearm strain; and depression. No current electro diagnostic studies or imaging studies are noted. Her treatments have included diagnostic testing; medication management; and rest from work. The progress notes of 2/17/2015 reported an initial evaluation of her persistent moderate pain with stiffness, weakness and cramping in the cervical, thoracic and lumbar spine; constant, severe pain with stiffness, heaviness, numbness, tingling, weakness and cramping in the bilateral shoulders; moderate pain with heaviness, tingling and cramping in the bilateral forearms; and pain in the lower extremities. The objective findings were noted to include tenderness with painful, decreased range-of-motion and spasms in all areas of the upper extremities and spine; positive findings to special tests in these areas; and psychological complaints. The physician's requests for treatments were noted to include two analgesic compound creams, both for pain in the cervical/thoracic/lumbar spine, and bilateral shoulders and forearms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Compound: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Compound: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms is not medically necessary.