

Case Number:	CM15-0102039		
Date Assigned:	06/04/2015	Date of Injury:	01/02/2014
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 47 year old male, who sustained an industrial injury on 01/02/2014. Treatment to date has included x-rays, MRI, nerve test, physical therapy, medications, acupuncture, injections and extracorporeal shockwave therapy. According to a progress report dated 02/09/2015, the injured worker complained of sharp, stabbing headaches localized at the temporal region, sharp burning radicular neck pain, sharp stabbing bilateral shoulder pain radiating down the arms to the fingers, dull achy bilateral hand pain and bilateral wrist pain and muscle spasms. Symptoms persisted but medications offered him temporary relief of pain and improved his ability to have restful sleep. Diagnoses included headaches, cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, bilateral shoulder sprain/strain rule out internal derangement, bilateral wrist and hand pain, rule out bilateral wrist carpal tunnel syndrome and rule out bilateral hand tenosynovitis. The treatment plan included Terocin patches, neurology consultation, and continuance of physical therapy and acupuncture for the cervical spine, right and left shoulder, right and left wrist and right and left hand and continuation of PRP therapy for the right shoulder. Included in the progress report was an outline of medical necessity for the following medications: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Menthol, Cyclobenzaprine and Gabapentin. Currently under review is the request for Capsaicin 0.025%, Flurbiprofen 155, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams and Cyclobenzaprine, Flurbiprofen 180 grams.

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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather

than the FDA- approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Cyclobenzaprine 2%, Flurbiprofen 25% 180gm is not medically necessary.