MAXIMUS Federal Services

Case Number:	CM15-0104721		
Date Assigned:	06/09/2015	Date of Injury:	11/18/2003
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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 68 year old female, who sustained an industrial injury on 11/18/2003. The mechanism of injury was not noted. She reported doing usual and customary job duties as a cafeteria worker, sustain injuries to her right hand and knee, with subsequent nervous system and psyche issues. The injured worker was diagnosed as having cervical spine pain, cervical spine radiculopathy, rule out cervical disc displacement, low back pain, radiculitis of the lower extremity, and rule out lumbar disc displacement. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of burning and radicular neck and back pain and muscle spasms. Pain was rated 6/10. She stated that medications offer temporary relief from pain and allow her to have restful sleep. Exam of the cervical spine noted tenderness to palpation at the suboccipital region and over both trapezius muscles, along with decreased range of motion. Sensation was decreased over the C5-T1 dermatomes and motor strength was 4/5 in the represented muscle groups. Exam of the lumbar spine noted tenderness to palpation, decreased range of motion, decreased sensation over the L4-S1 dermatomes, and motor strength 4/5 in the represented muscle groups. Work status remained total temporary disability. Current medication regime was not documented. The treatment plan included continued medications, including topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025 Percent/Flurbiprofen 15 Percent/Gabapentin 10 Percent/Menthol 2 Percent/Camphor 2 Percent 180 Gram Qty 1: 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: 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. That 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. There is no evidence that Flurbiprofen or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Capsaicin .025 Percent/Flurbiprofen 15 Percent /Gabapentin 10 Percent/Menthol 2 Percent/Camphor 2 Percent 180 Gram Qty 1 is not medically necessary.

Cyclobenzaprine 2/Flurbiprofen 25 Percent 180 Gram Qty 2: 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: 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. That 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. There is no evidence that Flurbiprofen or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Cyclobenzaprine 2/Flurbiprofen 25 Percent 180 Gram Qty 2 is not medically necessary.