

Case Number:	CM15-0105645		
Date Assigned:	06/10/2015	Date of Injury:	11/29/2014
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
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 23 year old male, who sustained an industrial injury on 11/29/14. He reported neck, back and elbow injuries while performing duties as a dishwasher. The injured worker was diagnosed as having cervical myofascitis, cervical sprain/strain, lumbar myofascitis, lumbar myospasm, lumbar sprain/strain, right elbow sprain/strain, right lateral epicondylitis and contusion of knee and lower leg. Treatment to date is not included with documentation. Currently, the injured worker complains of constant, moderate, sharp, stabbing neck pain, stiffness, heaviness and weakness rated 7/10, constant moderate sharp, low back pain and stiffness aggravated by movement, rated 7/10 and constant moderate, dull, sharp right elbow pain, stiffness, heaviness and tingling, aggravated by movement. He is released for full work duty. Physical exam noted tenderness to palpation of cervical paravertebral muscles and spinous processes with muscle spasm of cervical paravertebral muscles, tenderness to palpation of lumbar paravertebral muscles with spasm and tenderness to palpation of lateral elbow. The treatment plan included Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor cream, Gabapentin/Amitriptyline/Dextromethorphan cream, lumbar brace, TENS unit, acupuncture, physical therapy, Naproxen and urine drug screening.

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% - 180 gm: 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. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180 gms is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromorphan 10% - 180 gm: 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. There is no proven efficacy of topical application of Amitriptyline and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 15%, Amitriptyline 4%, Dextromorphan 10% - 180 gm is not medically necessary.