

Case Number:	CM15-0105768		
Date Assigned:	06/10/2015	Date of Injury:	07/12/2013
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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 51 year old female who sustained an industrial injury on 07/12/2013. The injured worker was diagnosed with lumbar sprain/strain, multi-level lumbar disc syndrome and right elbow joint derangement. Treatment to date has included diagnostic testing with latest right elbow and lumbar spine magnetic resonance imaging (MRI) in December 2014 and electrodiagnostic studies on February 4, 2015, physical therapy, chiropractic therapy, and acupuncture therapy, steroid injections, extracorporeal shockwave therapy, and trigger point injection to the lumbar spine (3rd injections on May 13, 2015), elbow support and medications. According to the primary treating physician's progress report on December 11, 2014, the injured worker continues to experience right elbow pain and muscle spasms associated with weakness, numbness and tingling to the hands and fingers. The injured worker rates her pain level at 5-6/10. The injured worker also reports low back pain and muscle spasms rated at 5-6/10. Examination demonstrated tenderness to palpation at the flexor and extensor muscle compartments and the cubital tunnel of the right forearm with decreased range of motion. Cubital Tinel's was positive. Sensory was slightly diminished over C5 through T1 dermatomes in the bilateral upper extremities. Muscle strength was decreased in upper extremities with reflexes intact. Examination of the lumbar spine demonstrated pain with palpation at the quadratus lumborum and the lumbosacral junction with decreased range of motion. Straight leg raise was positive at 60 degrees bilaterally. A slight decrease in sensation at the L4 through S1 dermatomes and decreased motor strength of the bilateral lower extremities were documented. Deep tendon reflexes of the lower extremities were intact. Current medications are listed as Tabradol,

Deprizine, Dicopanol, Fanatrex, Synapryn and topical analgesics. Treatment plan consists of the current request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% topical analgesics.

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% quantity 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) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% quantity 180gm is not medically necessary and appropriate.