

Case Number:	CM15-0011102		
Date Assigned:	01/29/2015	Date of Injury:	11/07/2011
Decision Date:	04/15/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 August 13, 2008. She has reported bilateral shoulder pain, neck pain, left hand pain and low back pain. The diagnoses have included post concussive syndrome, left shoulder tendinitis with rotator cuff tear, right shoulder impingement and tendinosis, bilateral wrist sprain/strain, superimposed carpal tunnel syndrome, plantar fasciitis, Achilles tendonitis, lumbalgia, sleep disorder and depressive disorder. Treatment to date has included radiographic imaging, diagnostic studies, electrodiagnostic studies, conservative therapies and pain medications. Currently, the IW complains of bilateral shoulder pain, neck pain, left hand pain and low back pain. The injured worker reported an industrial injury in 2011, resulting in the above-described chronic pain. She was treated for the above pain however, the pain was persistent. Evaluation on February 18, 2013, revealed continued pain, numbness and tingling of the hands, neck and back. On December 23, 2014, Utilization Review non-certified a request for cyclobenzaprine 2% and flubiprofen 25%, 180gm and Capsaicin 0.025%, flubiprofen 15%, gabapentin 10%, menthol 2%, Camphor 2% 180gm, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested cyclobenzaprine 2% and flubiprofen 25%, 180gm and Capsaicin 0.025%, flubiprofen 15%, gabapentin 10%, menthol 2%, Camphor 2% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-1113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include cyclobenzaprine. There may be an indication for topical flurbiprofen for the treatment of the injured employee's bilateral wrists, however per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for cyclobenzaprine / flurbiprofen is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include gabapentin, menthol, and camphor. Capsaicin may have an indication for chronic low back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Additionally, Flurbiprofen may also be indicated for the injured employee's bilateral wrist pain. However, per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for capsaicin / flurbiprofen / Gabapentin / menthol / camphor is not medically necessary.