

Case Number:	CM15-0011665		
Date Assigned:	02/11/2015	Date of Injury:	06/08/2014
Decision Date:	04/02/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on June 8, 2014. He has reported repetitive injury from bending over and picking up items. The diagnoses have included cervical spine sprain/strain, cervical spine myospasm, lumbar spine sprain/strain, lumbar spine radiculitis, right shoulder sprain/strain, right shoulder clinical impingement, lumbar spine disc desiccation, lumbar spine multi-level disc protrusions with an annular tear and right shoulder calcific tendinosis. Treatment to date has included diagnostic studies and medication. On December 22, 2014, the injured worker complained of intermittent right shoulder pain rated as moderate to occasionally severe. It starts in his upper back at his shoulder blade and sometimes radiates to the right shoulder. The pain increases with certain movements and pushing and pulling sensations and it decreases with rest. He also complained of constant low back pain rated as mild to occasionally moderate. The pain radiates to his right leg and right groin area with numbness, sharp, pulsing and deep sensation. This pain increases when doing physical activities and decreases with rest. He stated that his pain is well controlled with medication. On January 5, 2015, Utilization Review non-certified Capsaicin 0.025% Flurbiprophen 15% Gabapentin 10% Menthol 2 % Camphor 2% 180gm and Cyclobenzaprine 2% Flurbiprofen 25% 180 gm, noting the CA Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of Capsaicin 0.025% Flurbiprophen 15% Gabapentin 10% Menthol 2 % Camphor 2% 180gm and Cyclobenzaprine 2% Flurbiprofen 25% 180 gm.

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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 2% Flurbiprofen 25% 180gm is not medically necessary.