

Case Number:	CM15-0130064		
Date Assigned:	07/16/2015	Date of Injury:	02/17/2006
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old male sustained an industrial injury on 2/17/06. Diagnoses include lumbosacral intervertebral disc disorder with myelopathy, sciatica and radiculopathy. The injured worker continues to experience lumbar, right sacroiliac, sacral, right pelvic, left buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, right ankle right anterior leg, right anterior knee, left shin, left ankle and left foot pain. Upon examination, there is palpable tenderness at lumbar, left sacroiliac, right sacroiliac, left buttock and right buttock. Lumbar ranges of motion are reduced. Sitting root is positive, straight leg raise is positive at 30 degrees, Kemp's and Braggards are positive. A request for Menthol/ Camphor/ Gabapentin/ Cyclobenzaprine/ Pentravan cream base/ Capsaicin 360gm (DOS 05/13/2015) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol/ Camphor/ Gabapentin/ Cyclobenzaprine/ Pentravan cream base/ Capsaicin 360gm (DOS 05/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine as well as topical Gabapentin are not recommended due to lack of evidence. In this case, there is no evidence for the use of this topical compound for the claimant's mixed diagnoses of back and buttock and extremity pain. Since the compound above contains these topical medications, the compound in question is not medically necessary.