

Case Number:	CM15-0131040		
Date Assigned:	07/17/2015	Date of Injury:	06/17/2003
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 68 year old female, who sustained an industrial injury on June 17, 2003. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck and bilateral shoulder complaints. The diagnoses have included cervical disc disease with interscapular radiculopathy and potential for bilateral shoulder early rotator cuff arthropathy. Documented treatment and evaluation to date has included medications, topical analgesics and bilateral massive rotator cuff tendon tear repairs. Work status was not provided in the medical records. Current documentation dated May 7, 2015 notes that the injured worker reported mild discomfort in the right shoulder, back and upper back regions. Examination of the bilateral shoulder revealed crepitus bilaterally. The injured worker had tenderness at the base of the neck and cervical paravertebral muscles. The injured worker also had tenderness about the interscapular region. The treating physician's plan of care included a request for the compound cream: 10% Gabapentin, 5% Amitriptyline, 0.025% Capsaicin, apply 2-3 times day 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Gram: 10% Gabapentin/5% Amitriptyline/0.025% Capsaicin to apply 2-3 times day:

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: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Regarding Gabapentin, there is no peer-reviewed literature to support its use as a topical product. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation for osteoarthritis and 0.075% for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There has been no support for the use of the tricyclic antidepressant Amitriptyline, as a topical product. In this case, Gabapentin and Amitriptyline are not recommended as topical products per the MTUS guidelines. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for the compound cream: 10% Gabapentin, 5% Amitriptyline and 0.025% Capsaicin is not medically necessary.