

Case Number:	CM15-0133539		
Date Assigned:	07/27/2015	Date of Injury:	06/02/2011
Decision Date:	09/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, 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 is a 50 year old female patient who sustained a work related injury on 5/5/10. The diagnoses have included possible lumbar strain/sprain, possible lumbar discogenic pain, bilateral lumbosacral radicular pain, mostly left L5-S1, possible cervical strain/sprain, possible cervical discogenic pain, bilateral carpal tunnel syndrome, right more than left, bilateral shoulder pain and impingement, bilateral shoulder strain/sprain, and left knee strain/sprain. Per the doctor's note dated 5/6/2015, she had complaints of neck pain, low back pain, bilateral shoulder pain and bilateral wrist pain. The physical examination revealed tenderness and spasm over the cervical and lumbar spine, tenderness, spasm and decreased range of motion of the bilateral shoulders and tenderness over the dorsal and volar wrist bilaterally. Per the Pain Management Reevaluation Report dated 4/6/15, she had complaints of low back pain at 6-9/10 with radiation to the left leg with tingling; constant neck pain at 6-8/10 that radiates into both shoulders and upper arms off and on; bilateral shoulder pain at 6-8/10; bilateral wrist and hand pain, right greater than left, off and on at 5-7/10; constant left knee pain at 3-7/10. The physical examination revealed tenderness extending from L2-S1, bilateral facet tenderness noted L4-5 and L5-S1, left more than right, mild left sacroiliac and sciatic notch tenderness, painful lumbar range of motion, a positive left straight leg raise and Lasegue's test at 50 degrees, tenderness over both shoulders, painful and decreased range of motion in both shoulders, positive carpal tunnel compression in both wrists, a positive Phalen's test in both wrists, tenderness over medial aspect of left knee, painful Patellar tracking, painful and restricted left knee flexion to 100 degrees and extension to 180 degrees. The medications list includes gabapentin, tramadol, cyclobenzaprine, naprosyn, omeprazole and topical compound cream. Treatments have included physical therapy,

acupuncture, oral medications, medicated topical creams, Extracorporeal Shockwave treatments and home exercises. The treatment plan includes requests for a caudal epidural block with left transforaminal block for an EMG/NCV studies of legs, for a cervical facet medial nerve block, for bilateral carpal tunnel steroid injections and bilateral shoulder injections. The order for the requested treatment of a compounded pain cream is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication: Gabapentin 10%, Lidocaine 2% with Aloe Vera 0.5%, Emu Oil 30%, Capsaicin (natural) 0.025%, Menthol 10%, Camphor 5%, unspecified dose and quantity: 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: This is a request for topical compound medication. Gabapentin is an anticonvulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control. (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,)" (Argoff, 2006) There is little to no research to support the use of many of these agents." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).Non-neuropathic pain: Not recommended" Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments". Gabapentin: Not recommended. There is no peer-reviewed literature to support use". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Compound topical medication: Gabapentin 10%, Lidocaine 2% with Aloe Vera 0.5%, Emu Oil 30%, Capsaicin is not medically necessary or fully established for this patient.