

Case Number:	CM15-0134823		
Date Assigned:	07/23/2015	Date of Injury:	07/22/2013
Decision Date:	09/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old female who sustained an industrial injury on 7/22/13. The injured worker was diagnosed as having headaches, cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, left shoulder sprain/strain rule out internal derangement, left elbow sprain/strain rule out cubital tunnel syndrome, left wrist pain rule out carpal tunnel syndrome, lumbar spine sprain/strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy and left knee sprain/strain rule out internal derangement. Currently, the injured worker was with complaints of headaches, pain in the neck, left shoulder, left upper extremity, back and left knee. Previous treatments included left arm sling, physical therapy, chiropractic treatments, topical cream, activity modification, soft back brace, oral pain medication, oral non-steroidal anti-inflammatory drugs, and injections. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured work status was noted as temporary total disability. The injured workers pain level was noted as 6-7/10. Physical examination was notable for tenderness to palpation to the C2-C7, tenderness to palpation to the rotator cuff and deltoid muscle, left wrist carpal bones, lumbar paraspinal muscles at L2-S1 with positive sciatic notch tenderness bilaterally, left knee with tenderness to palpation over the medial and lateral joint line. The plan of care was for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% quantity of 180 grams and Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10% quantity of 180 grams.

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%, and Camphor 2% quantity 180gms: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, left shoulder, left elbow, left wrist, low back, and left knee. The current request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% quantity 180gms. The treating physician states in the report dated 6/8/15, "Continue taking medication for pain," and goes onto list each ingredient of the cream and their definition. (25B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation and Capsaicin is only supported if the patient has failed first line treatments. In this case, the treating physician has prescribed a cream that contains an ingredient not recommended by the MTUS guidelines. The current request is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10% quantity 180gms: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, left shoulder, left elbow, left wrist, low back, and left knee. The current request is for Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10% quantity 180gms. The treating physician states in the report dated 6/8/15, "Continue taking medication for pain," and goes onto list each ingredient of the cream and their definition. (25B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin or muscle relaxants in topical formulation. In this case, the treating physician has prescribed a cream that contains an ingredient not recommended by the MTUS guidelines. The current request is not medically necessary.