

Case Number:	CM15-0135724		
Date Assigned:	07/27/2015	Date of Injury:	08/02/2013
Decision Date:	08/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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 45 year old female who sustained an industrial injury on 08-02-13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and a functional capacity evaluation. Diagnostic studies include a MRI and a MRA of the right shoulder, electrodiagnostic studies of the bilateral upper extremities, and x-rays of the cervical spine. Current complaints include severe right shoulder pain. Current diagnoses include rule out right shoulder internal derangement. In a progress note dated 05-18-15 the treating provider reports the plan of care as topical medications including Capsaicin-Flurbiprofen-Gabapentin-Menthol-Camphor and Gabapentin-Amitriptyline-Dextromethorphan. The requested treatments include Capsaicin-Flurbiprofen-Gabapentin-Menthol-Camphor and Gabapentin-Amitriptyline-Dextromethorphan.

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% 180 gram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents are recommended and any compound that includes a non-recommended agent is not Guideline supported. The Guidelines specifically state that topical Gabapentin is not supported and topical Flurbiprofen is not recommended as there are FDA approved topical NSAIDs. There are no unusual circumstances to justify an exception to the Guideline recommendations. The compounded Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% 180 gram is not supported by Guidelines and is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents are recommended and any compound that includes a non-recommended agent is not Guideline supported. The Guidelines specifically state that topical Gabapentin is not recommended and Guidelines do not support the use of topical Amitriptyline. The compounded Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gram is not supported by Guidelines and there are no unusual circumstances to support an exception to Guidelines. The topical compound is not medically necessary.