

Case Number:	CM15-0137718		
Date Assigned:	07/27/2015	Date of Injury:	11/08/2014
Decision Date:	09/17/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 11/08/2014. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having cervical disc protrusion, cervical myospasms, right shoulder impingement syndrome, right shoulder myofasciitis, right wrist pain, loss of sleep, and anxiety. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, acupuncture, injections, and medications. In a progress note dated 06/15/2015, the injured worker presented with complaints of neck, shoulder, and wrist pain with spasms. The physician stated that the medications offer the injured worker temporary relief of pain and improve her ability to have a restful sleep. Objective findings include tenderness to palpation to the cervical paravertebral muscles, right shoulder, and right wrist with decreased range of motion. The treating physician reported requesting authorization for Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor cream and Cyclobenzaprine/Gabapentin/Amitriptyline cream.

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%, Camphor 180grams: 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): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics that include the above requested ingredients. Topical analgesics are considered as 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. 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. These guidelines provide specific comment about the use of Gabapentin in compounded topical analgesic formulations. The MTUS guidelines state the following regarding Gabapentin: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Given that Gabapentin is not recommended, the MTUS guidelines indicate that the entire compounded formulation is not recommended. Therefore, the topical analgesic containing capsaicin, flurbiprofen, Gabapentin, menthol and camphor is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180grams: 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): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics that include the above requested components. Topical analgesics are considered as 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. 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. These MTUS guidelines also comment on the use of the muscle relaxant (Cyclobenzaprine) and the anti-epilepsy drug (Gabapentin) as components of a topical analgesic. They state the following: Muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. In summary, two of the components of this compounded topical analgesic are not recommended; Cyclobenzaprine and Gabapentin. Therefore, the compounded formula containing Cyclobenzaprine, Gabapentin and amitriptyline is not medically necessary.