

Case Number:	CM15-0140788		
Date Assigned:	07/31/2015	Date of Injury:	04/17/2013
Decision Date:	09/23/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 4-17-2013. The mechanism of injury is injury from falling 5 feet off a ladder. The current diagnoses are status post open reduction with internal fixation of the right humerus, right shoulder pain, right wrist pain, herniated nucleus pulposus of the thoracic spine, thoracic spine sprain-strain, low back pain, lumbar spine sprain-strain; rule out herniated nucleus pulposus, and rule out lumbar radiculopathy. According to the progress report dated 2-5-2015, the injured worker complains of constant, moderate-to-severe residual burning in the right shoulder with radiation down to the right elbow and wrist, associated with muscle spasms. The pain is rated 9 out of 10 on a subjective pain scale. In addition, she reports constant, moderate-to-severe burning right wrist pain and muscle spasms, rated 6 out of 10. She notes burning, radicular mid back pain and muscle spasms, rated 7 out of 10. In addition, she notes frequent-to constant, moderate-to-severe burning; radicular low back pain, rated 5 out of 10. The pain is associated with numbness and tingling of the bilateral lower extremities. The physical examination reveals generalized tenderness to palpation over the right shoulder area, and over the site of the humerus fracture. Range of motion is restricted. Right wrist exam reveals tenderness to palpation at the lateral aspect of the wrist as well as at the thenar eminence. There is reduced range of motion noted. Examination of the thoracic spine reveals tenderness with pain to palpation at the rhomboids and mid, proximal, and distal trapezius muscles. Range of motion is reduced. Lumbar spine exam reveals tenderness to palpation over the paraspinal muscles and lumbosacral junction, restricted range of motion, diminished sensation to pin-prick and light touch at the L4, L5, and S1

dermatomes bilaterally, and decreased muscle strength in all muscle groups in the bilateral lower extremities. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, electrodiagnostic testing, and surgical intervention. Work status was noted as "off work". A request for topical compound medication has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical Compound Medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical compound medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA- approved oral forms for this patient. Given all of the above, the requested topical compound medication is not medically necessary.

1 Topical Compound Medication (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical compound medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and gabapentin are not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of

topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical compound medication is not medically necessary.