

Case Number:	CM15-0141064		
Date Assigned:	07/30/2015	Date of Injury:	09/17/2014
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

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 72 year old female who sustained an industrial injury on 09-17-2014. Mechanism of injury occurred when the injured worker tripped and tried to support herself with her right arm and felt a pull on her arm and shoulder. Diagnoses include cervical spine herniated nucleus pulpous, cervical spine radiculopathy, history of dislocated right shoulder, right shoulder sprain and strain-rule out derangement, right elbow sprain-strain rule out derangement, right wrist sprain-strain rule out derangement, thoracic spine herniated nucleus pulpous and thoracic spine pain. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, acupuncture, trigger point injections, and shock wave therapy. A physician progress note dated 05-15-2015 documents the injured worker has complaints of continued neck, right shoulder, right elbow, right wrist pain and mid back pain. She has associated numbness and tingling in the upper extremities to her hands and fingers. Her medications offer temporary relief of pain and improve her sleep. She rates her pain as 5 out of 10 on the Visual Analog Scale. She has burning right shoulder pain radiating down her right arm to the fingers and is associated with muscle spasm. It is constant and severe. She has burning right elbow pain and muscle spasms that are constant and moderate to severe. She also complains of weakness, numbness tingling and pain radiating to the hand and fingers. She has burning right wrist pain and muscle spasms, and it is constant and moderate to severe. The cervical spine has limited range of motion and there is tenderness to palpation at the occiputs, trapezius, and sternocleidomastoid and levator scapula muscles. Cervical distraction and compression are positive on both the left and the right. She has restricted range of motion of the right shoulder with tenderness at the trapezius and levator

scapula muscles with trigger points noted. There is acromioclavicular joint arthrosis noted. Her right elbow is tender at the medial and lateral epicondyle and there is restriction at pronation and supination on the right. There is tenderness at the right carpal tunnel and first dorsal extensor muscle compartment. Range of motion is restricted and Tinel's and Phalen's are positive. There is tenderness to palpation at the rhomboids, and mid and distal trapezius of the thoracic spine, and she has limited range of motion. Treatment requested is for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%, 180 grams, and Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%, 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%/Camphor 2%, 180 grams: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. The requested medication contains ingredients (gabapentin)which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%, 180 grams: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.