

Case Number:	CM15-0143146		
Date Assigned:	08/04/2015	Date of Injury:	11/10/2013
Decision Date:	09/23/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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 54 year old female, who sustained an industrial injury on November 10, 2013. The injured worker was diagnosed as having closed head trauma with loss of consciousness rule out post-concussion syndrome, contusion of the face, scalp, and neck, cervical radiculopathy, cervical neuropathy, solitary left frontal subcortical white matter focus, cervical spine disc protrusion, cervical spine anterolisthesis, cervical spine spondylosis, cervical spine myospasms, and chest wall contusion. Treatments and evaluations to date have included medication. Currently, the injured worker reports upper back pain that radiates to the bilateral shoulders and upper back with associated numbness and tingling sensation, low back pain, chest pain with less difficulty breathing, and headaches with pain that radiates to the left side of her face with numbness and associated memory loss. The single submitted Physician's report dated September 5, 2014, noted the injured worker in slight distress, anxious, and moving cautiously. Physical examination was noted to show hypesthesia on the right side of her face with a positive Romberg test. The cervical spine was noted to have tenderness to palpation with spasms of the suboccipital, upper trapezius muscles, and rhomboids bilaterally with tenderness of the C6 and C7 spinous processes, and positive compression, Spurling, and Distraction tests. The treatment plan was noted to include requests for authorization for acupuncture and a urine sample that was collected and sent to the lab, and prescriptions for Motrin and Valium. The injured worker noted that no transdermal compounds were needed. The injured worker was noted to be able to return to work with restrictions however the work restrictions were not respected, therefore she was placed on total temporary disability. No additional medical reports were submitted for

review. On May 27, 2015 a request for authorization was made for two compounded topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/ Flurbiprofen 25%, 180gm (no qty): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back 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 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." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned 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 medication is not medically necessary.

Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%, 180gm (no qty): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back 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 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 not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned 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 medication is not medically necessary.