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| Case Number: | CM15-0143292 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 02/26/2014 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 07/09/2015 |
| 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: 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 39 year old male, who sustained an industrial injury on 2-26-2014. Diagnoses have included sprain of ligaments of the cervical spine rule out disc displacement, pain in right shoulder rule out joint derangements and chronic cervical radiculopathy. Treatment to date has included cervical epidural steroid injection, acupuncture, chiropractic treatment and medication. According to the progress report dated 5-29-2015, the injured worker complained of chronic pain in his cervical spine with radiation to the bilateral upper extremities. Physical exam revealed spasm and tenderness over the paravertebral muscles of the cervical spine with decreased range of motion. Dysesthesia was noted in the C6 and C7 dermatomal distributions bilaterally. Per the progress report dated 6-16-2015, the injured worker complained of burning, radicular neck pain and muscle spasms, greater on the right side. He also complained of burning right shoulder pain radiating down the arms to the fingers. Authorization was requested for Capsaicin-Flurbiprofen-Gabapentin-Menthol C-Camphor cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Capsaicin/Flurbiprofen/Gabapentin/Menthol C/Camphor #180 Rx

date: 06/29/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical gabapentin is not recommended and there is no peer-reviewed literature to support use. The request for Retro: Capsaicin/Flurbiprofen/Gabapentin/Menthol C/Camphor #180 Rx date: 06/29/2015 is not medically necessary and appropriate.