

Case Number:	CM15-0144868		
Date Assigned:	08/05/2015	Date of Injury:	08/16/2014
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Internal Medicine

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 23 year old female, who sustained an industrial injury on 8-16-14. She reported pain in her lower back. The injured worker was diagnosed as having lumbar strain and ligament muscle strain. Treatment to date has included chiropractic treatments, acupuncture and physical therapy with no pain relief. On 2-25-15 the injured worker rated her pain a 4-5 out of 10. She indicated that Tramadol is upsetting her stomach and she is no longer taking the medication. As of the PR2 dated 3-19-15, the injured worker reports continued dull aches in the lumbar spine. She rates her pain a 4-5 out of 10. Objective findings include normal lumbar lordosis, lumbar flexion and extension 20 degrees and tenderness to palpation in the lumbar paraspinal muscles. The treating physician requested Capsaicin 0.025%-Flurbiprofen 15%-Gabapentin 10%-Menthol 2%-Camphor 2%, 180gm and Cyclobenzaprine 2%-Gabapentin 15%-Amitriptyline 10% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 111.

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream is not recommended. Our patient has chronic lumbar pain that is not neuropathic. Considering this fact and that topicals are largely experimental and a second line drug the UR was justified in its decision. The request is not medically necessary.

Compound: Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 111.

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream is not recommended. Our patient has lumbar pain and not neuropathic pain. Considering this and the fact that topical medications are largely experimental and at best second line medication the UR was justified in its decision. The request is not medically necessary.