

Case Number:	CM15-0145039		
Date Assigned:	08/05/2015	Date of Injury:	10/02/2012
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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with an October 2, 2012 date of injury. A progress note dated June 23, 2015 documents subjective complaints (neck pain rated at a level of 3 to 4 out of 10 associated with numbness and tingling of the bilateral upper extremities; right shoulder pain rated at a level of 5 to 6 out of 10; bilateral elbow pain rated at a level of 5 to 6 out of 10; bilateral wrist and hand pain rated at a level of 7 to 8 out of 10; weakness, numbness; tingling and pain radiating to the hands and fingers; right thumb pain; lower back pain rated at a level of 4 out of 10 associated with numbness and tingling of the bilateral lower extremities; stress, insomnia, and depression brought on by chronic pain, physical limitations, inability to work and uncertain future since she was injured), objective findings (tenderness to palpation of the splenius, scalene, and the sternocleidomastoid muscles; tenderness to palpation at the trapezius and levator scapulae muscles, with trigger points; tenderness to palpation at the spinous ligaments bilaterally, greater on the right; painful range of motion of the cervical spine; positive cervical distraction and compression; crepitus with range of motion; tenderness to palpation at the rhomboid muscles tenderness to palpation at the right supraspinatus muscle and at the acromioclavicular joint of the right shoulder with trigger points; decreased range of motion of the right shoulder; tenderness to palpation over the bilateral medial and lateral epicondyles; decreased range of motion of the right elbow; positive Cozen's and Tinel's signs bilaterally; tenderness to palpation at the extensor carpi ulnaris and at the triangular fibrocartilage complex bilaterally; positive Finkelstein's and Grind tests bilaterally; slightly diminished sensation to pinprick and light touch over the C5 and C6 dermatomes and along the course of the medial

nerve distribution in the bilateral upper extremities; decreased motor strength in all of the represented muscle groups of the bilateral upper extremities; back pain with heel walking; decreased range of motion of the lumbar spine; positive Tripod sign, flip test, and Lasegue's differential bilaterally; slightly decreased sensation to pinprick and light touch at the L5 and S1 dermatomes bilaterally; decreased motor strength in all the represented muscle groups in the bilateral lower extremities), and current diagnoses (cervical spine herniated nucleus pulposus; cervical spine pain; cervical spine radiculopathy; bilateral shoulder sprain and strain; right shoulder acromioclavicular arthrosis; right shoulder bursitis; right shoulder tendonitis; rule out left shoulder internal derangement; medial and lateral epicondylitis of the bilateral elbows; bilateral elbow tendonitis; ulnar neuritis of the bilateral elbows; effusion of the bilateral elbows; ganglion cyst of the bilateral wrists; effusion of the bilateral wrists; rule out bilateral carpal tunnel syndrome; bilateral hand tenosynovitis; lower back pain; lumbar spine radiculopathy; lumbar spine herniated nucleus pulposus; mood disorder; anxiety, stress; sleep disorder). Treatments to date have included chiropractic treatment, multiple imaging studies, pool therapy, physical therapy, acupuncture, shockwave therapy; and medications. The medical record indicates that medications offer temporary relief of pain and improve ability to have restful sleep. The treating physician documented a plan of care that included Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% compound 180gm, and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm compound.

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% 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, Capsaicin and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-epileptic posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this Capsaicin and anti-seizure medications for this chronic 2012 injury without improved functional outcomes attributable to their use. The request is not medically necessary and appropriate.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded antidepressant, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of anti-epileptic without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and antidepressant medications for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180gm is not medically necessary and appropriate.