

Case Number:	CM15-0145210		
Date Assigned:	08/06/2015	Date of Injury:	07/03/2013
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old male who sustained an industrial injury on 7-3-13. He had complaints of low back pain. Diagnostic studies include: x-ray, MRI EMG and nerve conduction velocity. Treatments include: medication, physical therapy, acupuncture, chiropractic and injections. Progress report dated 5-6-15 reports continued complaints of low back pain with radiating pain, numbness and tingling to both lower extremities, the right side more than the left. The pain is dull and achy rated 7 out of 10. He reports loss of sleep due to pain. Diagnoses include: lumbar myositis myalgia, lumbar radiculopathy, lumbar spine sprain and strain and insomnia. Plan of care includes: trigger point injections, toradol injection, urine drug screen performed, dispensed the following medications; Tramadol, naproxen, cyclobenzaprine and omeprazole, prescribed blurbiprofen 20%, baclofen 5%, dexamethasone 0.2%, menthol 2%, camphor 2%, hyaluronic acid 0.2% cream 240 gm and amitriptyline 10%, gabapentin 10%, bupivacaine 5%, hyaluronic acid 0.2% cream, 240 gm. Requests hot-cold aquatic therapy system and cardiopulmonary testing for evaluation of the autonomic nervous system. Follow up in 4 weeks. Work status per progress report dated 5-28-15: permanent work restrictions limited bending and stooping, no repetitive lifting, pushing, or pulling greater than 25 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Capsaicin/Sodium Hyaluronate/Dexamethasone/Menthol/Camphor/Baclofen /Flurbiprofen and Sodium DOS 5/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". MTUS states, "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". MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances causes serious burns, a new alert from the FDA warns". As such, the request for Retro Capsaicin/Sodium Hyaluronate/Dexamethasone/Menthol/Camphor /Baclofen/Flurbiprofen and Sodium DOS 5/15/15 is not medically necessary.

Retro Hyaluronate/Bupivacaine/Gabapentin/Amitriptyline DOS 6/15/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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". MTUS states that topical Gabapentin is "Not recommended, and further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product". As such, the request for Retro Hyaluronate/Bupivacaine/Gabapentin/Amitriptyline DOS 6/15/15 is not medically necessary.

