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| Case Number: | CM15-0149083 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 07/09/2013 |
| Decision Date: | 09/15/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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, Hawaii
 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 7-9-13. The injured worker has complaints of right hip and back pain after she slipped and fell, and in an attempt to avoid the fall she placed her hands first and landed on her right hip and back. The documentation noted during the period from 3-13-12 to 5-13-14 the injured worker sustained cumulative trauma type of injuries and developed pain in her neck, right shoulder, right elbow, right wrist and hand, right middle finger, low back right hip and both knees as well as headaches. The documentation noted that there is tenderness to palpation at the paraspinal muscles and the spinous processes C2-C4 and there are trigger points noted throughout the trapezius muscles. There is tenderness to palpation at the acromioclavicular (AC) joint and at the deltoid muscle. Range of motion of the right shoulder is decreased. There is tenderness to palpation over the spinous processes L4-S1 (sacroiliac) on the right side and PSIS (posterior superior iliac spine) and sciatic notch tenderness with spasms noted on the right side. The diagnoses have included headaches; cervical spine sprain and strain rule out herniated nucleus pulposus (HNP); cervical radiculopathy and right shoulder strain and strain and neck sprain. Treatment to date has included X-rays; magnetic resonance imaging (MRI); shockwave therapy; physical therapy; medications and topical creams. The request was for capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2%, 180gms quantity 1 and cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% 180gms quantity 1.

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%, 180gms QTY 1: 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): 111-113.

Decision rationale: The patient presents with pain affecting the head, neck, right shoulder, right elbow, right wrist, right middle finger, right hip, low back, and bilateral knees. The current request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gms QTY 1. The requesting treating physician report dated 7/15/15 (38B) provides not rationale for the current request. Regarding compounded topical analgesics MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gms QTY 1: 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): 111-113.

Decision rationale: The patient presents with pain affecting the head, neck, right shoulder, right elbow, right wrist, right middle finger, right hip, low back, and bilateral knees. The current request is for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gms QTY 1. The requesting treating physician report dated 7/15/15 (38B) provides not rationale for the current request. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.