

Case Number:	CM15-0161047		
Date Assigned:	08/27/2015	Date of Injury:	02/20/2015
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 31 year old female, who sustained an industrial injury on February 20, 2015. The injured worker was diagnosed as having sprain of neck. Treatment to date has included magnetic resonance imaging (MRI), physiotherapy, chiropractic treatment, acupuncture and medication. A progress note dated July 17, 2015 provides the injured worker complains of back and knee pain resulting in sleep disturbance and anxiety. She rates the pack pain 7-8 out of 10 and radiating to the shoulders, arms and hands and down the legs with numbness and tingling. Physical exam notes mild distress, cervical, thoracic and lumbar decreased painful range of motion (ROM) with tenderness to palpation and decreased strength in the lower extremities. Review of magnetic resonance imaging (MRI) reveals disc herniation and degenerative disc changes. The plan includes Capsaicin- Flurbiprofen-Gabapentin-Menthol C-Camphor and Flurbiprofen-Cyclobenzaprine-Hyaluronic- Versapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/ Flurbiprofen/ Gabapentin/ Menthol C/ Camphor Qty 180: 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 Expert Reviewer's decision rationale: mid back pain, lower back pain which radiates into the bilateral lower extremity, and associated anxiety/depression secondary to chronic pain. The patient's date of injury is 02/20/15. Patient has no documented surgical history directed at these complaints. The request is for CAPSAICIN/ FLURBIPROFEN / GABAPENTIN / MENTHOL C/ CAMPHOR QTY 180. The RFA was not provided. Physical examination dated 07/17/15 reveals tenderness to palpation of the suboccipital muscles, bilateral trapezius muscles, and lumbar paraspinal muscles with spasms noted, positive straight leg raise test to an unspecified extremity, and decreased range of motion in the cervical/lumbar spine secondary to pain. The patient is currently prescribed compounded topical creams. Patient is currently advised to return to working with modified duties. MTUS Topical Analgesics section, page 111-113 has the following under Non-steroidal anti-inflammatory agents (NSAIDs). "His class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical compounded creams on pg 111. guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Capsaicin, Flurbiprofen, Gabapentin, Menthol, and Camphor, the requested cream is not supported by MTUS guidelines. This patient presents with cervical spine and lower back pain which is not amenable to topical NSAIDs, and MTUS guidelines do not provide support for Gabapentin in topical formulations. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.

Flurbiprofen/ Cyclobenzaprine/ Hyaluronic/ Versapro Qty 180: 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 on 07/17/15 with pain in the upper back which radiates into the bilateral shoulders, mid back pain, lower back pain which radiates into the bilateral lower extremity, and associated anxiety/depression secondary to chronic pain. The patient's date of injury is 02/20/15. Patient has no documented surgical history directed at these complaints. The request is for FLURBIPROFEN/ CYCLOBENZAPRINE/ HYALURONIC/ VERSAPRO QTY 180 . The RFA was not provided. Physical examination dated 07/17/15 reveals tenderness to palpation of the suboccipital muscles, bilateral trapezius muscles, and lumbar paraspinal muscles with spasms noted, positive straight leg raise test to an unspecified extremity, and decreased range of motion in the cervical/lumbar spine secondary to pain. The patient is currently prescribed compounded topical creams. Patient is currently advised to return to working with modified duties. MTUS Topical Analgesics section, page 111-113 has the following under Non-steroidal anti-inflammatory agents (NSAIDs)." This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Under Other muscle relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." Regarding topical compounded creams on pg 111, guidelines state that "any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Cyclobenzaprine, Flurbiprofen, Hyaluronic acid, and Versapro, the requested cream is not supported by MTUS guidelines. This patient presents with cervical spine and lower back pain for which topical NSAIDs are not considered appropriate. MTUS guidelines do not support Cyclobenzaprine in topical formulations, either. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.