

Case Number:	CM15-0161487		
Date Assigned:	08/27/2015	Date of Injury:	07/16/2003
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
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 59 year old female with an industrial injury dated 07-16-2003. Her diagnosis was status post cervical spine surgery. Prior treatment included surgery and medications. She presented on 06-24-2015 with complaints of ongoing pain of cervical spine, bilateral shoulders and upper extremities. She reports pain in the morning with headaches and spasm that is improved with heat and topical creams. She rates her pain as 8 out of 10 in the morning and 6 out of 10 later. Cervical spine was positive for midline tenderness, spasm and tightness over the paracervical musculature. There was painful reduced range of motion with end range cervical spine spasm. The treatment request is for transdermal creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Creams: 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 rationale: Review indicates the compounded transdermal cream consists of Flurbiprofen 10%/ Gabapentin 10%/ Capsaicin 0.025%/ Camphor 2%/ Menthol 2% 240 gm. 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 diffuse spine and 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. 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 2003 injury without improved functional outcomes attributable to their use. This not medically necessary and appropriate. The Transdermal Creams is not medically necessary and appropriate.