

Case Number:	CM15-0165205		
Date Assigned:	09/02/2015	Date of Injury:	02/21/2010
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 63 year old female with an industrial injury dated 02-21-2010. The injured worker's diagnoses include cervical spine sprain and strain with herniated nucleus pulposus, cervical radiculopathy, lumbar spine sprain and strain with herniated nucleus pulposus, lumbago, lumbar radiculopathy and bilateral sprain and strain with internal derangement. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-27-2015, the injured worker reported headaches, neck pain, low back pain, and bilateral knee pain with associated spasms, numbness and tingling. The injured worker rated neck pain a 5 out of 10 and low back pain and bilateral knee pain a 5-6 out of 10. Objective findings revealed tenderness to palpitation at the suboccipital region and over both scalene and trapezius muscles; diminished sensation in bilateral upper extremities; and decreased motor strength secondary to pain in the bilateral upper extremities. Lumbar spine exam revealed tenderness to palpitation with spasms and decreased range of motion. Bilateral knee exam revealed swelling in the right knee, crepitus with range of motion, decrease range of motion and tenderness to palpitation over the medial and lateral joint line. Decreased sensation at the bilateral L4, L5 and S1 dermatomes and decreased motor strength at the bilateral lower extremities were also noted on exam. The treating physician prescribed one compound medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) 180gm and one compound medication (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180gm, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

1 compound medication (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids,

bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006)
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