

Case Number:	CM15-0184629		
Date Assigned:	09/25/2015	Date of Injury:	08/13/2010
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 8-13-2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical spine discopathy, radiculitis, left shoulder impingement syndrome, left cubital tunnel syndrome, status post left ulnar transposition, status post cervical surgery. Treatments to date include activity modification, Norco, muscle relaxer, physical therapy, aquatic therapy, acupuncture treatment and shockwave therapy. Several documents included in the submitted medical records are difficult to decipher. On 1-2-14, the injured worker had begun post-operative aquatic therapy, noted to "be helping", however date and type of surgery was not documented. The physical examination documented scarring was consistent with surgery, tenderness to bilateral paraspinal muscles, and pain with range of cervical motion. The empty can test and Neer's test was positive. The Tinel's sign was positive in the left elbow. And both wrists had positive Tinel's and Phalen's tests. The plan of care included continuation of Norco and continued aquatic therapy. On 2-27-14, the record documented he had a heart attack on 1-30-15. An MRI of the cervical spine dated 2-25-14, was noted to reveal a C6-C7 level was not fused. The evaluation from 3-27-14 indicated he was under consideration for left carpal tunnel release surgery. The appeal requested retrospective authorization for Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen (date of service 3-14-14); Cyclobenzaprine/Flurbiprofen (date of service 3-14-14 and 12-8-14); Capsaicin/Menthol/Camphor/Gabapentin/Flurbiprofen (date of service 12-8-14). The Utilization Review dated non-certified this request on 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen for dos 03/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Capsaicin is not recommended as a topical ingredient by the MTUS except in experimental settings with evidence of other failed modalities, and coupled with topical opioids (tramadol), the request for this topical use cannot be deemed medically necessary or supported.

Retrospective request: Cyclobenzaprine/Flurbiprofen for dos 03/14/14 and 12/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the request cannot be considered medically necessary at this time.

Retrospective request: Capsaicin/Menthol/Camphor/Gabapentin/Flurbiprofen for dos 12/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Gabapentin is not recommended as a topical ingredient by the MTUS, and therefore the request for a compound containing Gabapentin for topical use cannot be deemed medically necessary.