

Case Number:	CM15-0198962		
Date Assigned:	10/14/2015	Date of Injury:	01/30/2014
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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: New Jersey

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 26-year-old female who sustained an industrial injury on 1-30-14. A review of the medical records indicates she is undergoing treatment for thoracic sprain and strain, right shoulder sprain and strain, bilateral carpal sprain and strain, bilateral triangular fibrocartilage tear, bilateral wrist sprain and strain, left wrist tenosynovitis, status post left wrist surgery, acute stress disorder, costochondritis, and adjustment disorder with mixed anxiety and depressed mood. Medical records (2-17-15 to 7-28-15) indicate ongoing complaints of mid back pain, rating "4 out of 10", right shoulder pain, rating "6 out of 10", bilateral wrist pain, rating "6 out of 10", and right hand pain, rating "6 out of 10", as well as anxiety and irritability. The physical exam (7-28-15) reveals tenderness to palpation over the right trapezius and thoracic paravertebral muscles. Percussion test causes pain. Range of motion of the cervical spine is within normal limits. Tenderness is noted to palpation over the acromioclavicular joint and posterior region of the right shoulder. Cross arm test is positive. Lift off test causes pain. Range of motion of the right shoulder is within normal limits. Tenderness is noted to palpation over the dorsal wrist, as well as the volar wrist in the left wrist. Carpal compression causes pain bilaterally. Grind test is positive. Range of motion is within normal limits. The right hand has tenderness to palpation over the 4th "metatarsal" and palmar aspect in the right hand. Carpal compression causes pain. Range of motion is within normal limits. Diagnostic studies have included a DNA analysis report, MRIs of the right and left wrists, thoracic spine, right shoulder, right hand, and an EMG-NCV study of bilateral upper extremities. Treatment has included physical therapy, acupuncture, a TENS unit, a functional capacity evaluation, a psychological

evaluation, chiropractic therapy, use of heat and cold, oral medications, and topical creams. The topical creams consist of Capsaicin 0.025%-Flurbiprofen 15%-Gabapentin 10%-Menthol 2%-Camphor 2%, 180 grams, and Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10%, 180 grams. She has been using the topical creams since, at least, 2-17-15. The utilization review (9-17-15) includes a request for authorization for both topical creams. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Grams Cream: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical gabapentin and other anti-epileptics are not recommended based on the MTUS Chronic Pain Guidelines, due to the lack of supportive data to suggest it for chronic pain. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. The Guidelines also state that with any topical combination analgesic product, if any ingredient is considered non-recommended, the entire product should be also considered non-recommended. In the case of this worker, the provider prescribed Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Grams Cream to help treat the worker's chronic pain. However, there was no record seen on how effective this product was at reducing pain and improving function to help justify this request for renewal. Regardless, there is a non-recommended ingredient (gabapentin) which would deem this product medically unnecessary.

Gabapentin 15 Percent, Amitriptyline 4 Percent, Dextromethorphan 10 Percent 180 grams: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical gabapentin and other anti-epileptics are not recommended based on the MTUS Chronic Pain Guidelines, due to the lack of supportive data to suggest it for chronic pain. The Guidelines also state that with any topical combination analgesic product, if any ingredient is considered non-recommended, the entire product should be also considered non-recommended. In the case of this worker, the provider prescribed Gabapentin 15 Percent, Amitriptyline 4 Percent, Dextromethorphan 10 Percent 180 grams to help treat the worker's chronic pain. However, there was no record seen on how effective this product was at reducing pain and improving function to help justify this request for renewal. Regardless, there is a non-recommended ingredient (gabapentin) which would deem this product medically unnecessary.