

Case Number:	CM15-0201284		
Date Assigned:	10/16/2015	Date of Injury:	06/23/2012
Decision Date:	11/25/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 6-23-12. The injured worker was diagnosed as having neck sprain-strain; thoracic lumbosacral neuritis-radiculitis unspecified. Treatment to date has included left shoulder injection; medications. Currently, the PR-2 notes dated 10-2-15 indicated the injured worker complains of ongoing low back and neck pain, "taking Gabapentin for pain but it does not get him pain relief. Steroid injection to left shoulder is wearing off. He has another appointment in November. Has 7 out of 10 left shoulder pain, 8 out of 10 upper back, 8 out of 10 low back pain. Has not taken Tylenol because it was not provided by the pharmacy." Objective findings are documented as left shoulder abduction 100 degrees with pain, internal and external rotations limited 50% with pain, moderate tenderness on left anterior glenohumeral joint, trapezius and left rhomboids with moderate spasms, L4-L5 spinous process with moderate spasm, C5-C6 spinous process and mild spasms. The PR-2 indicates diagnosis of cervical sprain-strain, bilateral shoulder strain and implies the injured worker has had shoulder surgery but does not define which or if the surgery was bilateral, or what type of surgery and the dates. There are no operative records submitted with the medical. He is also diagnosed with lumbar radiculopathy, bilateral knee strain and intermittent chest pain. The treatment plan includes a request for the over-the-counter Bengay cream to affected areas twice daily, Gabapentin; Tylenol and a follow-up on the MRI cervical spine as well as follow-up with another provider. A PR-2 dated 8-28-15 indicated the injured worker was "feeling somewhat better, he has been walking and hypertension and diabetes are also under control. He received a left shoulder injection, now feels shoulder is better. Continues

to have constant neck and low back pain worse at 8 out of 10 low back and neck pain, takes Gabapentin 3 tablets a day and down to 6 out of 10. Right shoulder is better, left shoulder is more bothersome. Continues to complain of left knee pain, low back radiates down to left leg and knee." The treatment plan on this date was to start Tylenol 5mg 1 tab every 12 hours, refill Gabapentin, request a cervical MRI and follow up with orthopedist for ortho concerns. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 10-13-15 and non-certification for Bengay cream for on-going low back and neck pain, 2 tubes, apply to affected area 2 times a day. A request for authorization has been received for Bengay cream for on-going low back and neck pain, 2 tubes; apply to affected area 2 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bengay cream for on-going low back and neck pain, 2 tubes, apply to affected area 2 times a day: 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: Bengay: Original contains 15% Methyl Salicylate and 10% Menthol. Bengay: Muscle Pain/Ultra Strength contains 30% Methyl Salicylate, 10% Menthol, and 4% Camphor. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.