

Case Number:	CM15-0020333		
Date Assigned:	02/09/2015	Date of Injury:	02/25/2013
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania, Ohio, 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 43 year old female, who sustained an industrial injury on February 25, 2013. She has reported bilateral hand, wrist and elbow pain. The diagnoses have included mild Cubital tunnel syndrome, mild chronic strain of the left shoulder and mild overuse syndrome of the bilateral upper extremities. Treatment to date has included medications, physical therapy, acupuncture, and imaging studies. A qualified medical evaluation dated October 6, 2014 indicates a chief complaint of bilateral hand, wrist and elbow pain and left shoulder blade and palm pain. Physical examination showed left shoulder tenderness, and bilateral wrist tenderness with decreased range of motion. There was no recent primary treating physician report in the reviewed medical records. The treating physician requested prescriptions for Capsaicin/ Flurbiprofen/Gabapentin/ Menthol/Camphor compound and Cyclobenzaprine/Flurbiprofen compound. On January 26, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. Of note, the Cyclobenzaprine/Flurbiprofen compound was not requested at IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%
 #180gm.s: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally of note, Gabapentin is specifically not recommended by this guideline for topical use; since this ingredient is not recommended, the overall compounded product is not recommended. This request is not medically necessary.