

Case Number:	CM15-0022157		
Date Assigned:	02/11/2015	Date of Injury:	05/19/2014
Decision Date:	05/19/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 42 year old male, who sustained an industrial injury on May 19, 2014. He reported an injury when a bar fell onto the back of his head and neck. The diagnoses have included cervical disc protrusion, cervical disc degeneration, cervical spondylosis, cervical spinal stenosis, cervical radiculopathy, adjustment disorder and insomnia. Treatment to date has included medication. Currently, the injured worker complains of constant headaches which he rates an 8 on a 10-point scale. He complained of constant neck pain which radiated to the bilateral upper extremities with numbness and tingling in the arms. On examination, he had a decreased cervical range of motion. On January 23, 2015 Utilization Review non-certified a request for Mentherm Gel 120 grams, FlurbiCream LA 180 grams, Gabacyclotram 180 grams and psychosocial evaluation, noting that the guidelines state that topical analgesics are largely experimental in use and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that there is no evidence for the use of muscle relaxant as a topical product and that topical NSAIDS are recommended for the treatment of osteoarthritis and tendonitis of the knee and elbow. There is a lack of documentation showing the injured worker had a diagnosis of osteoarthritis or tendonitis and there is no documentation in the function with the use of the medication to support its continuation. The California Medical Treatment Utilization Schedule was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of Mentherm Gel 120 grams, FlurbiCream LA 180 grams, Gabacyclotram 180 grams and psychosocial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container Of Methoderm Gel 120 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines go on to state that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. It is noted that Methoderm consists of methyl salicylate and menthol. The documentation submitted for review did not provide information regarding the failure of antidepressants and anticonvulsants. Consequently, the request is not supported. Additionally, the request did not specify duration of use, frequency of use, or body region the medication is to be applied to. As such, the request for 1 container of Methoderm gel 120 grams is not medically necessary.

1 Container Of Flurbi Cream-La 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, the request did not specify duration and frequency of use, nor body region the medication is to be applied to. Consequently, the request is not supported by the evidence based guidelines. As such, the request for 1 container of Flurbi Cream-La 180 grams is not medically necessary.

1 Container of Gabacyclotram 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended when trials of antidepressants and anticonvulsants have failed. The guidelines go on to state that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. Furthermore, gabapentin is not recommended as there is no peer reviewed literature supporting its topical use. The clinical documentation submitted for review did not indicate the injured worker tried and failed antidepressants and anticonvulsants. Additionally, this medication is not supported. Moreover, the request did not specify a duration and frequency of use, nor body region the medication is to be applied to. Consequently, the request is not supported. As such, the request for 1 container of gabapentin 180 grams is not medically necessary.

Psychosocial Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: According to the California MTUS Guidelines, psychological evaluations are recommended to allow for more effective rehabilitation. The clinical documentation submitted for review did not indicate a rationale for the requested service, as there was no evidence noting depression, anxiety, or irritability. Consequently, the request is not supported by the evidence based guidelines. As such, the request for psychological evaluation is not medically necessary.