

Case Number:	CM15-0022779		
Date Assigned:	02/11/2015	Date of Injury:	09/21/2013
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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
Certification(s)/Specialty: Emergency 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 65 year old male who sustained an industrial injury on 9/21/13. The injured worker reported symptoms in the neck and spine. The diagnoses included headaches, cervical spine herniated nucleus pulpous, cervical radiculopathy, low back pain, lumbar spine herniated nucleus pulpous, lumbar radiculopathy. Treatments to date include oral medications. In a progress note dated 2/9/15 the treating provider reports the injured worker was with "burning, radicular neck pain" as well as "burning, radicular low back pain." On 1/12/15 Utilization Review non-certified the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 milligrams and Cyclobenzaprine 2%, Flurbiprofen 25%, 180 milligrams. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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%, 180mg: 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 page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Capsaicin 0.025%, FLurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180m, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has "burning, radicular neck pain" as well as "burning, radicular low back pain." The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Capsaicin 0.025%, FLurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180m is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg: 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 page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has "burning, radicular neck pain" as well as "burning, radicular low back pain." The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg is not medically necessary.