

Case Number:	CM15-0023698		
Date Assigned:	02/13/2015	Date of Injury:	09/14/2004
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California
 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 male patient, who sustained an industrial injury on 09/14/2004. On 01/16/2015, a request was made for a compound topical cream. A psychotherapy follow up visit dated 12/18/2014 described the patient as temporarily totally disabled on a psychological basis with recommendation to continue weekly visits, for pain management coping. A primary treating office visit dated 11/18/2014 reported subjective complaint of burning radicular neck pain with spasm. She also has complaint of burning bilateral shoulder pain that radiated down arms into fingers and was associated with muscle spasm. She also has burning radicular low back pain with spasm. Objective findings showed tenderness to palpation at the occiputs. There is also tenderness to palpation at the trapezius, levator scapula, scalene and splenius muscles. In addition, there is noted tenderness to palpation at the sternocleidomastoids with spasms. She is diagnosed with cervicgia, radiculopathy, cervical region, bilateral shoulder joint derangement, low back pain and lumbar radiculopathy. On 01/28/2015, Utilization Review, non-certified the request. On 02/09/2015, the injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbiprofen/Gabapentin/Menthol/Cam 0.025%/15%/10%/2%/2%/ 180gm:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The claimant has been offered topical compounds in the past including Terocin and Capsaicin/Flurbiprofen/Gabapentin/Menthol/Cam 0.025%/15%/10%/2%/2%/. Pain response or prior use information is unknown. In addition, topical Gabapentin is not recommended due to lack of clinical evidence to support its benefit. Since the compound in question above contains Gabapentin, the use of Capsaicin/Flurbiprofen/Gabapentin/Menthol/Cam 0.025%/15%/10%/2%/2%/ is not medically necessary.