

Case Number:	CM15-0025045		
Date Assigned:	02/17/2015	Date of Injury:	12/08/2010
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 66 year old female, who sustained an industrial injury on December 8, 2010. She has reported neck pain and bilateral shoulder pain. The diagnoses have included cervical spine hyperextension/hyperflexion, headache/post concussive syndrome, bilateral shoulder strain, sleep disturbances, cervical/thoracic spine disc protrusion, and anxiety. Treatment to date has included medications and acupuncture. A progress note dated October 24, 2014 indicates a chief complaint of continued neck and bilateral shoulder pain. Physical examination showed painful cervical spine extension, extreme muscle tightness, decreased range of motion of the neck, tenderness of the shoulders with decreased range of motion and crepitus, and positive impingement sign. The treating physician requested prescriptions for Tramadol/APAP, Omeprazole, and Gabapentin/cyclobenzaprine/capsaicin/menthol/camphor cream. On January 26, 2015 Utilization Review certified the request for prescriptions for Tramadol/APAP and Omeprazole. Utilization Review denied the request for a prescription for Gabapentin/cyclobenzaprine/capsaicin/menthol/camphor cream citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/cyclobenzaprine/ketoprofen/capsaicin/menthol/camphor 10/4/10/0.0375/5/2% 240gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy goals with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical gabapentin/cyclobenzaprine/ketoprofen/capsaicin/menthol/camphor in this injured worker, the records do not provide clinical evidence to support medical necessity.