

Case Number:	CM15-0025732		
Date Assigned:	02/18/2015	Date of Injury:	12/04/2013
Decision Date:	04/20/2015	UR Denial Date:	01/13/2015
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who reported an injury on 12/04/2013. The mechanism of injury involved heavy lifting. The current diagnoses include cervical spine sprain, left shoulder sprain, left elbow sprain, rule out left elbow medial/lateral epicondylitis, left wrist de Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome, and rule out first carpometacarpal joint arthritis. The injured worker presented on 11/11/2014 for a follow-up evaluation with complaints of persistent pain over multiple areas of the body. Upon examination of the cervical spine, there was tenderness to palpation, normal range of motion, and negative orthopedic testing. Examination of the left shoulder also revealed tenderness to palpation with limited range of motion and positive Neer impingement sign. Examination of the left elbow revealed tenderness over the left medial and lateral epicondyle with normal range of motion and positive Cozen's and Tinel's signs. Examination of the left wrist revealed tenderness over the carpal bones and thenar/hypothenar eminences, limited range of motion, and diminished sensation along the median and ulnar nerve distribution. Motor strength was 4/5 in all represented muscle groups in the left upper extremity. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

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%
180gram QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, NSAIDs, Gabapentin Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8738567> - Effect of topically applied menthol on thermal, pain and itch sensations and biophysical properties of the skin; <http://www.ncbi.nlm.nih.gov/pubmed/24547599> - The pharmacology of topical analgesics.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Capsaicin in a 0.025% formulation is recommended for osteoarthritis. The only FDA approved topical NSAID is diclofenac. Gabapentin is not recommended for topical use. Given the above, the request is not medically appropriate in this case. There was also no documentation of a frequency listed in the request. As such, the request is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180gram QTY: 1: 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(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Cyclobenzaprine is not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically necessary.