

Case Number:	CM15-0029268		
Date Assigned:	02/23/2015	Date of Injury:	02/11/2004
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 64 year old female, who sustained an industrial injury on February 11, 2004. The diagnoses have included cervical spine hyperextension/hyperflexion, cervical disc herniation, bilateral shoulder impingement syndrome, bilateral hand pain, lumbar hyperextension/hyperflexion, lumbar disc protrusion with discopathy, status post lumbar spine surgery, right ankle pain and status post hardware block under fluoroscopy. A progress note dated January 15, 2015 provided the injured worker complains of headaches rated 8/10, neck pain rated 8/10, left shoulder pain rated 7/10, back pain radiating to legs rated 8/10 and wrist and hand pain rated 7/10. Physical exam reveals no acute distress, decreased range of motion (ROM). On February 4, 2015 utilization review non-certified a request for topical compound Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream, 120 g and Topical compound Flurbiprofen 20%, Baclofen 2%, and Cyclobenzaprine 2% topical cream, 120g. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream, 120 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The requested Topical compound Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream, 120 g, 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 headaches rated 8/10, neck pain rated 8/10, left shoulder pain rated 7/10, back pain radiating to legs rated 8/10 and wrist and hand pain rated 7/10. Physical exam reveals no acute distress, decreased range of motion (ROM). 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, Topical compound Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream, 120 g is not medically necessary.

Topical compound Flurbiprofen 20%, Baclofen 2%, and Cyclobenzaprine 2% topical cream, 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The requested Topical compound Flurbiprofen 20%, Baclofen 2%, and Cyclobenzaprine 2% topical cream, 120g, 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 headaches rated 8/10, neck pain rated 8/10, left shoulder pain rated 7/10, back pain radiating to legs rated 8/10 and wrist and hand pain rated 7/10. Physical exam reveals no acute distress, decreased range of motion (ROM). 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, Topical compound Flurbiprofen 20%, Baclofen 2%, and Cyclobenzaprine 2% topical cream, 120g is not medically necessary.

