

Case Number:	CM15-0222061		
Date Assigned:	11/17/2015	Date of Injury:	02/01/2011
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/10/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 34 year old male injured worker suffered an industrial injury on 2-1-2011. The diagnoses included moderate bilateral carpal tunnel syndrome, cervical discopathy with radiculitis, lumbar discopathy with radiculitis and right shoulder impingement syndrome. On 7-28-2015 the provider reported constant pain in the cervical spine with radiation to the upper extremities with numbness and tingling. There were associated headaches that were migrainous in nature as well as tension between the shoulder blades rated 7 out of 10. There was constant pain in the low back with radiation to the lower extremities rated 7 out of 10. There was frequent pain in the right shoulder rated 7 out of 10. There was frequently pain in the bilateral wrist rated 5 out of 10. On exam the cervical spine had muscle tenderness with spasms. The right shoulder had tenderness with positive impingement signs. The bilateral wrists were tender with positive Tinel's sign. The lumbar spine had muscle tenderness with spasm with seated nerve root test that was positive. Prior treatments were not included in the medical record. Diagnostics included EMG 7-14-2015 revealed entrapment neuropathy of the medical nerves at both wrists with mild to moderate slowing of nerve conduction velocity (Carpal Tunnel Syndrome). Utilization Review on 10-27-2015 determined non-certification for Flurbiprofen 10%, Capsaicin 0.025%, cream Qty 120 and Lidocaine 5%, Gabapentin 10%, gel, Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025%, cream Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS guidelines regarding the use of topical NSAIDs the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration, According to CA MTUS guidelines regarding the use of topical capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Lidocaine5%, Gabapentin 10%, gel, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS guidelines the use of topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

