

Case Number:	CM15-0225770		
Date Assigned:	11/24/2015	Date of Injury:	05/29/2012
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/17/2015

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, 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 injured worker is a 55 year old female who sustained an industrial injury on 5-29-12. A review of the medical records indicates she is undergoing treatment for cervical radiculopathy, cervical spine sprain and strain, lumbar radiculopathy, lumbar spine sprain and strain, and knee sprain and strain. Medical records (5-6-15, 6-3-15, 7-29-15, 8-26-15, 9-23-15, and 10-28-15) indicate ongoing complaints of neck pain that radiates to bilateral upper extremities with associated numbness, tingling, and headaches, rating "8-9 out of 10" without medications and "7 out of 10" with medications, low back pain that radiates to bilateral lower extremities with associated numbness and tingling, rating "7-9 out of 10" without medications and "7-8 out of 10" with medications, and bilateral knee pain, rating "7-8 out of 10" without medications and "7-8 out of 10" with medications. The physical exam (10-28-15) reveals bilateral neck tenderness on palpation, as well as tenderness and myospasm over the bilateral paracervical muscles and bilateral trapezius muscles. Decreased cervical range of motion is noted in all planes. The lumbar spine reveals tenderness and myospasm over bilateral paralumbar muscles, as well as on palpation of the sciatic notch. Decreased lumbar range of motion is noted in all planes. Tenderness on palpation is noted on the medial and lateral knee joint lines bilaterally. The provider indicates that "patellar tracking" is painful in bilateral knees. Treatment has included Toradol injections, trigger point injections of the paracervical and paralumbar muscles, and oral and topical medications. Her medications include Naproxen, Cyclobenzaprine, Omeprazole, Hydrocodone, Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% cream, and Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10%-Cyclobenzaprine 4% cream

(since 10-28-15). The utilization review (11-11-15) includes a request for authorization of Tramadol 8%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10%-Cyclobenzaprine 4% cream. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8%, Capsaicin 0.0375%, Menthol 5% , Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 "there is no evidence for use of any other muscle relaxant as a topical product." 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.