

Case Number:	CM15-0042659		
Date Assigned:	03/12/2015	Date of Injury:	06/10/2004
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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 61 year old female, who sustained an industrial injury on 06/10/2004. Initial complaints reported included low back pain/injury. The initial diagnoses were not provided. Treatment to date has included conservative care, radiographic imaging of the pelvis, and physical therapy. Currently, the injured worker complains of constant aching pain in the low back (rated 6/10) and bilateral hips (rated 8/10). Current diagnoses related to complaints include lumbar spine contusion. The treatment plan included MRI of the bilateral hips (still pending approval), acupuncture (still pending approval), interferential unit (still pending approval), transdermal creams, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% / Cyclobenzaprine 4%/ Ketoprofen 10%/ Capsaicin 0.0375% / Menthol 5%/ Camphor 2%, cream: Upheld

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

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

Decision rationale: The requested Gabapentin 10% / Cyclobenzaprine 4% / Ketoprofen 10% / Capsaicin 0.0375% / Menthol 5% / Camphor 2%, cream, 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 constant aching pain in the low back (rated 6/10) and bilateral hips (rated 8/10). 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, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Gabapentin 10% / Cyclobenzaprine 4% / Ketoprofen 10% / Capsaicin 0.0375% / Menthol 5% / Camphor 2%, cream is not medically necessary.