

Case Number:	CM15-0045174		
Date Assigned:	03/17/2015	Date of Injury:	02/18/2013
Decision Date:	04/20/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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(n) 44 year old male, who sustained an industrial injury on 2/8/13. He reported pain in the right elbow, low back, knees and right ankle related to cumulative trauma. The injured worker was diagnosed as having right elbow pain, low back pain, lumbar spine radiculopathy and right ankle pain. Treatment to date has included MRI's, shockwave therapy and oral and topical pain medications. As of the PR2 dated 1/20/15, the injured worker reports 9/10 pain in the right elbow, low back, knees and right ankle that is aggravated by activity. The treating physician noted palpable tenderness at the lumbar paraspinal muscles and the right cubital fossa. The treating physician recommended to continue current medications and shockwave therapy, as well as physical therapy, chiropractic treatments and acupuncture.

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%, and Camphor 2%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaicin 0.025%, Flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% #180gm is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. In this case, the injured worker's working diagnoses are right elbow pain; rule out right elbow cubital tunnel syndrome; low back pain; rule out lumbar disc displacement (HNP); lumbar spine radiculopathy; bilateral knee pain; right knee internal derangement; right ankle pain; and rule out right ankle internal arrangement. The injured worker has complaints with a 9/10 VAS pain score. Gabapentin topical is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical gabapentin and topical Flurbiprofen) that is not recommended is not recommended. Consequently, Capsaicin 0.025%, Flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% #180gm is not recommended. Based on the final information in the medical record and the peer-reviewed evidence-based guidelines, Capsaicin 0.025%, Flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% #180gm is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% #180 grams is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended. Gabapentin is not recommended. In this case, the injured worker's working diagnoses are right elbow pain; rule out right elbow cubital tunnel syndrome; low back pain; rule out lumbar disc displacement (HNP); lumbar spine radiculopathy; bilateral knee pain; right knee internal derangement; right ankle pain; and rule out right ankle internal arrangement. The injured worker has complaints with a 9/10 VAS pain score.

Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine and topical gabapentin) that is not recommended is not recommended. Consequently, topical cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% #180 gram is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, topical cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10% #180 gram is not medically necessary.