MAXIMUS Federal Services

Case Number:	CM15-0045297		
Date Assigned:	03/17/2015	Date of Injury:	01/17/2009
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 10/10/2007. He has reported subsequent neck, wrist, upper extremity and back pain and was diagnosed with cervical disc protrusion, cervical radiculopathy, neuropathy of the elbow and wrist and multi-level lumbar disc protrusion with neural foraminal stenosis. Treatment to date has included oral and topical pain medication. In a progress note dated 11/19/2014, the injured worker complained of ongoing low back and neck pain that was rated as 5-7/10. Objective findings were notable for a nearly antalgic gait, tenderness, spasm and tightness in the paracervical and paralumbar musculature and reduced range of motion. The physician noted that Norco was being weaned and prescribed a topical pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Camphor cream 10%/4%/10%/ 0.0375%/5%/2% 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin/Cyclobenzaprine /Ketoprofen/ Capsaicin/Camphor cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Camphor cream is not medically necessary.