

Case Number:	CM15-0050251		
Date Assigned:	03/23/2015	Date of Injury:	06/06/2013
Decision Date:	08/03/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a June 6, 2013 date of injury. A progress note dated February 3, 2015 documents subjective complaints (constant pain in the cervical spine with radiation into the upper extremities; associated headaches that are migrainous in nature as well as tension between the shoulder blades; pain rated at a level of 8/10; constant pain in the low back with radiation into the lower extremities rated at a level of 7/10), objective findings (palpable cervical paravertebral muscle tenderness with spasm; positive axial loading compression test; positive Spurling's maneuver; limited range of motion of the cervical spine with pain; tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger; decreased strength in the wrist extensors and flexors as well as biceps, triceps, and finger extensors; asymmetric triceps reflexes; palpable lumbar paravertebral muscle tenderness with spasm; range of motion is guarded and restricted; positive seated nerve root test; tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot; decreased strength in the extensor hallucis longus and ankle plantar flexors; asymmetric ankle reflexes), and current diagnoses (cervicalgia; lumbago). Treatments to date have included medications, imaging studies, and physical therapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Fluriprofen 10%, Capsaicin 0.025% and Gabapentin 10%, Lidocaine 2%, Emu Oil 30%, Capsaicin 0.025%, Menthol 10%, Camphor 5% topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriprofen 10%, Capsaicin 0.025% and Gabapentin 10%, Lidocaine 2%, Emu Oil 30%, Capsaicin 0.025%, Manthol 10%, Camphor 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.