

Case Number:	CM15-0053693		
Date Assigned:	03/27/2015	Date of Injury:	12/14/2011
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
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:

The injured worker is a 71 year old female, who sustained an industrial injury on 12/14/2011. She has reported subsequent neck, back, right shoulder and wrist pain and was diagnosed with C4-C5 discopathy, right shoulder impingement syndrome, right wrist contusion and lumbar discopathy at L4-L5 and L5-S1 with right sided radiculopathy. Treatment to date has included oral and topical pain medication, physical therapy and a home exercise program. In a progress note dated 02/06/2015, the injured worker complained of neck and low back pain. Objective findings were notable for tenderness, muscle spasm and decreased range of motion of the cervical and lumbar spine. The physician noted that transdermal creams were being prescribed for symptomatic relief.

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, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen; Capsaicin, topical.

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Ketoprofen is not FDA-approved for topical application. There are no guidelines for the use of menthol with the patient's spine complaints. In the MTUS, there are no guidelines for the use of camphor. There is no documentation that the patient was unable to tolerate all oral analgesics. Therefore, the request is considered not medically necessary.

Flurbiprofen 12%, Baclofen 2%, Gabapentin 6% and Lidocaine 4% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (anesthetic).

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. According to MTUS, topical baclofen and gabapentin is not recommended as there is no peer-reviewed literature to support use. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia which the patient was not diagnosed with. Therefore, the request is considered not medically necessary.