

Case Number:	CM15-0080429		
Date Assigned:	05/01/2015	Date of Injury:	01/30/2014
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 25 year old female, who sustained an industrial injury on 01/30/2014. She has reported injury to the thoracic spine, right shoulder, right hand, left wrist, and right wrist. The diagnoses have included thoracic strain; right shoulder sprain/strain; right wrist sprain/strain; left wrist sprain/strain; left wrist tenosynovitis; status post surgery, left wrist; and costochondritis. Treatment to date has included medications, diagnostic studies, cold and heat therapy, splinting, injection, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, extracorporeal shock wave therapy, surgical intervention, and physical therapy. Medications have included Ibuprofen, Flexeril, Prilosec, and topical compounded creams. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain in the thoracic spine and right shoulder, rated at 7/10 on the visual analog scale; pain in the right wrist, rated at 6/10; pain in the left wrist, rated at 4/10, and pain in the right hand. Objective findings included tenderness to palpation of the right trapezius and thoracic paravertebral muscle, the acromioclavicular joint and posterior shoulder, the right and left dorsal wrists, and the right fourth metatarsal. The treatment plan has included the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm #1; and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm #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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Gabapentin. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%, 180 grams is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm #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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of capsaicin, gabapentin and Menthol. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary.