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| Case Number: | CM15-0084670 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 11/23/2013 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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: Arizona, California

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 28-year-old male, who sustained an industrial injury on 11/23/2013. He reported low back and bilateral lower extremity pain. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar spine radiculitis, annular disc tears, and myofascial pain. Treatment to date has included medications, physical therapy, lumbar epidural steroid injection, and acupuncture. The request is for compound Capsaicin 0.025%/Menthol 2%/Camphor 2%/Gabapentin 10%/Flurbiprofen 15% in versa pro base cream. On 1/29/2015, he reported a 50% pain reduction following a lumbar epidural steroid injection. He continues with low back and right lower extremity pain. He reported having substantial improvement of his right leg pain from physical therapy, and low back pain has not improved with conservative treatment. He rated his pain intensity as 6-8/10. The treatment plan included: Amrix, trigger point injections, and lumbar epidural steroid injection. On 3/12/2015, he had completed 6 sessions of acupuncture, without benefit, and only mild short term benefit with physical therapy. The records do not indicate failure to tolerate oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Menthol 2%/Camphor 2%/Gabapentin 10%/Flurbiprofen 15% in versa pro base cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-compound drugs.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Gabapentin are not recommended due to lack of evidence. In addition, the claimant still required invasive procedures for pain relief. Since the compound above contains these topical Gabapentin, the compound in question is not medically necessary.