

Case Number:	CM14-0144017		
Date Assigned:	09/12/2014	Date of Injury:	03/25/2011
Decision Date:	12/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who reported an injury on 03/25/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical spine sprain/strain; bilateral shoulders impingement syndrome, right greater than left; rule out bilateral cubital tunnel syndrome; bilateral medial epicondylitis, right greater than left; lumbar spine sprain/strain; left knee internal derangement; and left ankle sprain/strain rule out internal derangement. Past medical treatment consists of aquatic therapy, physical therapy, acupuncture with electrical stimulation, and medication therapy. Medications consist of tizanidine, omeprazole, Norco, Anaprox, APAP/Butap/Caff, and a topical analgesic. No diagnostic studies were submitted for review. On 03/13/2014, the injured worker complained of left knee pain, lumbar pain, and shoulder pain. Physical examination of the left knee demonstrated a positive McMurray's test and tenderness to palpation over the joint. Examination of the lumbar spine revealed tenderness to palpation and limited range of motion. There was a positive straight leg raise test on the right. Examination of the shoulders demonstrated positive mild impingement. The medical treatment plan is for the injured worker to continue with medication therapy. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm: 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: The California MTUS Guidelines state that topical compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines state that Lidoderm patch is the only topical form of lidocaine approved for use. Guidelines go on to say that gabapentin and muscle relaxants are not recommended for topical use. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker might be having. Additionally, the request as submitted did not indicate a frequency, dosage, or duration for the medication. Given that the MTUS do not recommend topical analgesia for use and the lack of submitted documentation, therefore, the request for Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm is not medically necessary.

Capsaicin 0.0375%, flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% 180gm: 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: The California MTUS Guidelines state that topical compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment. It is recommended for short term use (4 to 12 weeks). The guidelines also state that capsaicin is recommended only as an option if patients do not respond or are intolerant to other treatments. The submitted documentation did not indicate that the injured worker had not responded or was intolerant to other treatments. Additionally, it is unclear as to how long the injured worker has been utilizing this combination of topical analgesics. The efficacy was also not submitted for review to warrant continuation of the medication. Furthermore, the request as submitted did not indicate a frequency or duration for the medication. As such, the request for capsaicin 0.0375%, flurbiprofen 5%, tramadol 6.5%, menthol 2%, camphor 2% 180gm is not medically necessary.

