

Case Number:	CM14-0164683		
Date Assigned:	10/09/2014	Date of Injury:	05/10/2013
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Management 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 36-year-old female who sustained an injury on May 10, 2013. She is diagnosed with (a) cervical discopathy with displacement and (b) right carpal tunnel syndrome. She was seen on May 22, 2014 for an evaluation. She has complaints of "wild" pain in the right wrist and neck pain. An examination of the cervical spine revealed tenderness over the paraspinals. Range of motion was decreased due to pain. An examination of the right wrist revealed positive Tinel's and Phalen's signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) container of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% (180gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The request for one container of capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180 gm is not medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended

for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains capsaicin, which are recommended as topical agents, it also constitutes flurbiprofen and gabapentin, which is not recommended by guidelines as there was no peer-reviewed literature to support its use; whereas, camphor and menthol are not addressed by the guidelines.

One (1) container of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% (210gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The request for one container of gabapentin 15%, amitriptyline 4%, dextromethorphan 10% 210 gm is not medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. Guidelines do not support topical use of gabapentin, amitriptyline, and dextromethorphan. Proceeding with this medication is not necessary.