

Case Number:	CM14-0164689		
Date Assigned:	10/09/2014	Date of Injury:	02/27/2013
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 33-year-old female with date of injury of 02/27/2013. The listed diagnoses per [REDACTED] from 08/08/2014 are cervical spine sprain/strain, rule out HNP, and rule out cervical radiculopathy, right shoulder sprain/strain rule out internal derangement, right elbow pain, right wrist pain and rule out right carpal tunnel syndrome. According to this report, the patient complains of burning radicular neck pain and muscle spasms greater on the right side. Her pain is described as constant, moderate to severe. She rates the pain 7/10 on a pain analog scale. The pain is associated with numbness and tingling of both upper extremities. She also complains of right shoulder, right elbow, and right wrist pain. The patient states that the symptoms persist, but the medications do offer her temporary relief of pain and improve her ability to have a restful sleep. She denies any problems with the medications. The examination shows tenderness to palpation at the occiput with trigger points noted. There is also tenderness to palpation at the splenius, scalene, and sternocleidomastoid muscles. Active range of motion of the cervical spine is diminished. Cervical compression test is positive bilaterally. Palpable tenderness noted over the right medial and lateral epicondyle. Pain with palpation noted at the carpal tunnel and TFCC. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and along the distribution of the median nerve in the right upper extremity. Motor strength is 4/5. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. The Utilization Review denied the request on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: This patient presents with neck, right shoulder, right elbow, and right wrist pain. The physician is requesting a topical compound cream containing capsaicin, Flurbiprofen, gabapentin, and camphor. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Gabapentin is currently not recommended in topical formulation. Recommendation is for denial.

Cyclobenzaprine 2 Percent , Flurbiprofen 25 Percent 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, cyclobenzaprine, muscle relaxants is not recommended in topical formulation. Recommendation is for denial.