

Case Number:	CM14-0093118		
Date Assigned:	07/25/2014	Date of Injury:	03/19/2014
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old female who reported an injury on 03/19/2014. The mechanism of injury is not provided. On 07/02/2014, the injured worker presented with diagnoses of cervicgia and brachial neuritis not otherwise specified. The injured worker had complaints of shoulder pain. Prior treatment included physical therapy and medications as well as chiropractic therapy with the use of a TENS unit. MRI results revealed HNP at C4-5, C5-6, and C6-7 with central canal B foraminal narrowing. Upon examination, the range of motion of values for the cervical spine was 50% of bilateral side bending. There was 5/5 strength in the upper extremities with 4+/5 strength over the right wrist. There is tenderness to palpation mildly over the upper trapezius. A current medication list was not provided. The provider recommended a compound medication, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication that contains Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2% and Camphor 1% - 120gm: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Capsaicin is recommended for injured workers who are intolerant to or are unresponsive to other medications. Topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable to topical treatment. There is lack of documentation that the injured worker had a diagnosis congruent with the guideline recommendation for topical NSAIDs. The guidelines note muscle relaxants are not recommended for topical application. There is lack of documentation that the injured worker is unresponsive to or are intolerant to other treatments to warrant the use of capsaicin. Additionally, there is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. The provider's request does not indicate the site that the medication is indicated for or the frequency in the request as submitted. As such, the medical necessity has not been established.