

Case Number:	CM14-0096988		
Date Assigned:	08/08/2014	Date of Injury:	11/29/2011
Decision Date:	09/18/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery 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 60-year-old female claimant was reported injury on November 29, 2011. Examination note from February 18, 2014 demonstrates persistent pain in the neck that radiates to the upper extremity with numbness and tingling. Exam reports that the claimant's low back is aggravated by bending, lifting, twisting, pushing, pulling, sitting. Objective findings demonstrate tenderness to the cervical paravertebral musculature and upper trapezial muscles with spasms. Axial loading compression testing and Spurling's signs are noted to be positive. Dysesthesia are noted at the C5 and C7 dermatomes. There is note of bilateral shoulder tenderness. A positive Hawkins sign is also noted. Lumbar spine examination demonstrates tenderness from the mid to distal lumbar segments with terminal motion. Seated straight leg raise testing is noted be positive with dysesthesia at the L4-5 dermatome. Agreed medical evaluation report from April 17, 2013 demonstrates a diagnosis of chronic recurrent musculoligamentous injury to the spine, trapezius muscle with degenerative disc disease cervical spine from C4-C7. There is no objective radiculopathy or peripheral nerve entrapment in either upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.0075, hyaluronic acid 0.24, camphor 0.6, menthol 4.2, #120, 30 day supply:
Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request for Capsaicin 0.0075, hyaluronic acid 0.24, camphor 0.6, menthol 4.2, #120, 30 day supply is not medically necessary.

Capsaicin 0.024, lidocaine 2.4, camphor 6, gabapentin 12, menthol 12 (patch) #120, 30 day supply: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. The primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request for Capsaicin 0.024, lidocaine 2.4, camphor 6, gabapentin 12, menthol 12 (patch) #120, 30 day supply is not medically necessary.