

Case Number:	CM14-0208790		
Date Assigned:	12/22/2014	Date of Injury:	08/11/2014
Decision Date:	02/19/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 31-year-old female with an 8/11/14 date of injury. At the time (10/16/14) of request for authorization for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% , apply thin layer 3 times per day 180gm, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, apply a thin layer 3 times per day 180gm, and Toxicology Testing, once every 6 weeks, there is documentation of subjective (7/10 right wrist and hand pain and weakness) and objective (tenderness dorsal hand) findings, current diagnoses (right wrist sprain), and treatment to date (medications (including ongoing treatment with Nabumetone and Acetaminophen)). Regarding Toxicology Testing, once every 6 weeks, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment and patient at "high risk" of adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% , apply thin layer 3 times per day 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right wrist sprain. However, the requested Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% , apply thin layer 3 times per day 180gm contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% , apply thin layer 3 times per day 180gm is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, apply a thin layer 3 times per day 180gm: 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): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right wrist sprain. However, the requested Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, apply a thin layer 3 times per day 180gm contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, apply a thin layer 3 times per day 180gm is not medically necessary.

Toxicology Testing, once every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of right wrist sprain. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. In addition, there is no documentation of patient at "high risk" of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for Toxicology Testing, once every 6 weeks is not medically necessary.