

Case Number:	CM15-0002377		
Date Assigned:	01/13/2015	Date of Injury:	09/01/2010
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained a work related injury on September 1, 2010. She gradually developed pain in the right hand and wrist. She attributed her symptoms to repetitive typing and use of a computer mouse. She continued to work and the pain radiated into her neck and right shoulder. The injured worker received physical therapy and x rays were taken. Electromyogram studies revealed right carpal tunnel syndrome and tendonitis and received a steroid injection in the right wrist without relief of symptoms. In March 2011, a Magnetic Resonance Imaging (MRI) showed tendonitis and rotator cuff tear and received cortisone injections with little relief. Magnetic Resonance Imaging (MRI) of the cervical spine revealed normal findings. In March 2012, she underwent shoulder surgery with no improvements of symptoms. She then received physical therapy and chiropractic treatments for about one year. Currently, the injured worker experienced constant neck pain radiating into the right shoulder, numbness and tingling in the hands and fingers and weakness of the upper extremities and hands. She had difficulty performing activities of daily living. On December 4, 2014, Utilization Review non-certified the November 18, 2014, request for the compound analgesic cream Tramadol 8%/Gabapentin 10%/menthol 2%/Camphor 2%/Capsaicin 0.5% 120 grams per CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, pp. 28-29, AND Topical Analgesics, pp. 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Chronic Pain Guidelines also state that topical capsaicin, specifically, is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. Topical gabapentin is also not recommended due to lack of supportive data. In the case of this worker, the topical analgesic recommended to her included ingredients which are not recommended. The capsaicin strength is higher than recommended, and the gabapentin is also not recommended. Therefore, the combination topical analgesic in its entirety will be considered medically unnecessary.