MAXIMUS Federal Services

Case Number:	CM15-0002481		
Date Assigned:	01/13/2015	Date of Injury:	02/26/2013
Decision Date:	03/10/2015	UR Denial Date:	12/31/2014
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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 54-year-old female, who sustained an industrial injury on 02/26/2013. She has reported neck pain, right shoulder pain, right elbow pain, bilateral wrist pain, low back pain, and bilateral knee pain. The diagnoses have included cervical spine pain, cervical radiculopathy, right shoulder rotator cuff tear, right elbow tennis elbow, bilateral wrist pain, lumbar spine multi-level herniated nucleus pulposus, lumbar radiculopathy, and bilateral knee sprain/strain. Treatment to date has included an MRI of the lumbar spine on 08/01/2013, which showed central focal disc protrusion at L2-3, L3-4, and L5-S1, and a broad-based disc protrusion at L4-5, with spinal canal narrowing and bilateral neuroforaminal narrowing; and an MRI of the right shoulder on 08/01/2013, which showed supraspinatus and intraspinatus interstitial partial thickness tearing and tendinosis, and acromioclavicular degenerative joint disease.Currently, the injured worker complains of burning, radicular neck pain radiating down her right arm and associated muscle spasms, rated 5 out of 10; she complains of burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms, rated 5 out of 10; she complains of burning right elbow pain, rated 5 out of 10; she complained of burning, radicular low back pain and muscle spasms, rated 5 out of 10; and she complained of burning bilateral knee pain, rated 5 out of 10. The injured worker stated that the symptoms persist, but the medications offer temporary relief of pain and improve her ability to have restful sleep. She denied any problems with the medications. The objective findings included tenderness to palpation at the occiputs, trapezius, splenius, scalene, sternocleidomastoid muscles; decreased

range of motion of the cervical spine; tenderness to palpation at the levator scapula, with trigger points; decreased range of motion of the right shoulder; tenderness to palpation at the right ulnar groove; normal range of motion of the right elbow; mild atrophy of the thenar muscle on the right wrist; tenderness to palpation at the right triangular fibrocartilage complex; tenderness at the carpal tunnel bilaterally; normal range of motion of the bilateral wrist; an antalgic gait; tenderness to palpation at the paralumbar muscles, quadratus lumborum, lumbosacral junction, with trigger point on the right; tenderness of the sciatic notch; decreased range of motion of the lumbar spine; mild effusion on the right knee; tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint bilaterally; and decreased range of motion of the bilateral knees. The treating physician did not indicate the reason for the request for the topical pain medications.On 12/31/2014, Utilization Review (UR) non-certified the request for Capsaicin 0.025%/Flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180 grams, noting that there is limited support for the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) for the spine or shoulder, and there is not guideline evidence or support regarding the topical application of gabapentin and menthol. The MTUS Chronic Pain Guidelines were cited.On 12/31/2014, Utilization Review (UR) non-certified the request for cyclobenzaprine 2%/Flurbiprofen 25% 180 grams, noting that there is no evidence to support the topical use of muscle relaxants. The MTUS Chronic Pain Guidelines were cited.

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% 180 gms: 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 based on Non-MTUS Citation Pain, Compound Creaqms

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states “Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns.” MTUS states that topical Gabapentin is not recommended. And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product.As such, the request for Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2% 180 gms is not medically necessary.

Cyclobenzaprine 2%, flurbiprofen 25% 180 gms: 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 based on Non-MTUS Citation Pain, Compound Creams

Decision rationale: MTUS and ODG, recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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.MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 2%, flurbiprofen 25% 180gms is not medically necessary.