

Case Number:	CM15-0004061		
Date Assigned:	01/15/2015	Date of Injury:	05/08/2014
Decision Date:	07/01/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female, with a reported date of injury of 05/08/2014. The diagnoses include lumbar radiculopathy, low back pain, lumbosacral sprain/strain, rule out lumbar disc protrusion, left de Quervain's disease, left wrist pain, rule out left carpal tunnel syndrome, and rule out left wrist internal derangement. Treatments to date have included caudal epidural steroid injection with catheterization to L5-S1 on 11/22/2014; oral medications; acupuncture; topical pain medications; and an MRI of the left hand, which showed volar flexor tendinopathy of the middle and index finger. The progress report dated 12/17/2014 indicates that the injured worker complained of constant, moderate, achy, stabbing, throbbing, burning low back pain with numbness tingling and weakness. There was no radiation of pain to the legs. The injured worker also complained of constant, severe, sharp, stabbing, throbbing, burning left wrist pain with numbness, tingling, and weakness; and constant, severe, sharp, stabbing, throbbing, burning pain in her fingers, with numbness, tingling, and weakness. The objective findings include no lesions present over the lumbar spine, decreased and painful lumbar range of motion, tenderness to palpation of the lumbar paravertebral muscles and sacrum, negative sitting straight leg raise, no lesion present at the left wrist, decreased and painful range of motion of the left wrist, tenderness to palpation of the anatomical snuffbox, lateral wrist, thenar, and volar wrist, positive Tinel's sign, and swelling and tenderness in the finger joints. The treating physician requested Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 grams for the lumbar spine, left wrist, and fingers.

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% 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

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

Decision rationale: Based on the 12/17/14 progress report provided by treating physician, the patient presents with pain to lumbar spine and left wrist. The request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2% 180gm. RFA not provided. Patient's diagnosis on 12/17/14 included lumbago, lumbosacral sprain/strain, rule out disc protrusion, left DeQuervain's disease, left wrist pain, rule out left carpal tunnel syndrome and rule out left wrist internal derangement. Physical examination to the lumbar spine on 12/17/14 revealed tenderness to palpation to the paravertebral muscles. Examination of the left wrist revealed tenderness to palpation to the anatomical snuffbox, and lateral, thenar and volar wrist. Positive Tinnel's and Finkelstein's. The patient is status post lumbar epidural steroid injection L5-S1 on 11/22/14, per operative report. Patient is off work, per 12/17/14 report. Treatment reports were provided from 06/05/14 - 12/17/14. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per 12/17/14 report, treater is requesting "Capsaicin 0.025%/Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2% 180 grams for the lumbar spine, left wrist and fingers. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.