

Case Number:	CM15-0100007		
Date Assigned:	06/02/2015	Date of Injury:	10/1/2012
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/25/2015

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, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 10/1/2012. The current diagnoses are headaches, jaw pain, cervicgia, cervical radiculopathy, cervical spine anterior spondylosis, degenerative disc disease of the cervical spine, cervical disc displacement, bilateral knee pain, left knee medial meniscal tear, left knee patellar bursitis, left knee effusion, status post left knee arthroscopy, right knee enthesopathy, chondromalacia, anxiety disorder, depressive disorder, sleep disorder, and stress. According to the progress report dated 5/4/2015, the injured worker complains of burning radicular neck pain and muscle spasms. The pain is associated with numbness and tingling in the bilateral upper extremities, especially in the shoulder blade area. He reports burning bilateral knee pain and muscle spasms. Additionally, he reports headaches, pain in the jaw and teeth, stress, anxiety, insomnia, and depression secondary to chronic pain. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles and spinous processes C1-T1, stiffness in the neck, limited range of motion, positive Spurling's test bilaterally, diminished sensation to light touch and pinprick over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities, decreased motor strength in the bilateral upper extremities, and tenderness over the trapezius muscles with trigger points noted throughout. The examination of the bilateral knees reveals tenderness to palpation over the medial/lateral joint line to the patellofemoral joint and decreased range of motion. Treatment to date has included medication management, MRI studies, and surgical intervention. The plan of care includes prescriptions for compound medications.

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% 180gms: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gms: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Cyclobenzaprine 2%, Flurbiprofen 25% 180gms is not medically necessary.