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| Case Number: | CM15-0012334 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 11/16/2011 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/01/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: Texas, California
 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 59 year old female, who sustained an industrial injury on 11/16/11. The injured worker has complaints of low back, cervical spine, right shoulder and both knee pain. The injured worker reports an increase in his low back pain off to the right side and extends down to the right buttock, the proximal posterior right thigh, then wraps around towards the lateral thigh and then across the anterior knee and then down to the shin region. The documentation noted that he attempted cutting back on his medications, but noticed they were decreasing his pain levels significantly as well as improving his function. The diagnoses have included degeneration, lumbar/lumbosacral disc. MR arthrogram dated 5/27/14 showed a moderate tendinopathy, moderate tear of the labrum, and degenerative joint disease with impingement. The documentation noted that a previous Magnetic Resonance Imaging (MRI) showed evidence of spinal stenosis in early 2012. The injured worker received a left sacroiliac joint neurolysis on 9/14/12 that had left sided low back improvement by at least 60% that lasted for more than 18 months. On 6/24/14 had a left greater trochanteric bursa injection. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history include left RTR and cervical disc surgery. The medication list include Zoloft, Neurontin, Norco, Trazodone and ibuprofen. Per the doctor's note dated 9/4/14 patient had complaints of left hip and low back pain at 6-8/10. Physical examination of the low back revealed muscle spasm, tenderness on palpation, tenderness on palpation and decreased sensation in L2-3 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin, Menthol, Camphor, Gabapentin and Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics..

Decision rationale: Request: Capsaicin, Menthol, Camphor, Gabapentin and Flurbiprofen. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." 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. 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. "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The medication Flurbiprofen is an NSAID "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, Capsaicin and menthol and Gabapentin are not recommended by MTUS in this patient. The medical necessity of the medication Capsaicin, Menthol, Camphor, Gabapentin and Flurbiprofen is not fully established in this patient.

Cyclobenzaprine and Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics. .

Decision rationale: Cyclobenzaprine and Flurbiprofen According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis" MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As per cited guideline, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flubiprofen is a NSAID In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Flubiprofen are not recommended by MTUS. The medical necessity of the medication Topical compounded Cyclobenzaprine and Flurbiprofen is not fully established in this patient.