

Case Number:	CM15-0014550		
Date Assigned:	02/02/2015	Date of Injury:	07/11/2012
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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, Michigan, 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 (IW) is a 52-year-old male, who sustained an industrial injury on July 11, 2012. He has reported chronic neck, back, shoulder and lower extremity pain and was diagnosed with cervical spine strain/sprain, cervical spine pain and radiculopathy, secondary osteoarthritis of the bilateral shoulders, right shoulder tendonitis, left shoulder rotator cuff tear, lumbar spine radiculopathy, bilateral knee derangement, bilateral ankle tenosynovitis, anxiety disorder, mood disorder and sleep disorder. Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, steroid injections, conservative therapies, pain medication, and work restrictions. Currently, the IW complains of chronic neck, back, shoulder, and lower extremity pain. The injured worker reported an industrial injury on July 11, 2012, resulting in chronic neck, back, shoulder, and lower extremity pain. He was noted to have failed conservative therapies including physical therapy, acupuncture, manipulation therapy, and injections. Examination on July 22, 2104, revealed continued pain. Work restrictions were renewed. On October 22, 2014, evaluation revealed continued pain. Shockwave treatments were continued. Evaluation on November 231, 2014, revealed continued residual pain. On December 31, 2014, Utilization Review non-certified a request for 180 GM CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 180; CYCLOBENZAPRINE 2%, FLURBIPROFEN 25%, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 26, 2015, the injured worker submitted an application for IMR for review of requested 180 GM CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 180; CYCLOBENZAPRINE 2%, FLURBIPROFEN 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 GM CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 180; CYCLOBENZAPRINE 2%, FLURBIPROFEN 25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 proven efficacy of topical application of gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of 180 GM CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 180; CYCLOBENZAPRINE 2%, FLURBIPROFEN 25% is not medically necessary.