

Case Number:	CM15-0014712		
Date Assigned:	02/02/2015	Date of Injury:	07/25/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
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: California, Arizona
 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 44-year-old male who experienced injury on 07/25/2014. The mechanism of injury was lifting. His diagnoses included left shin laceration, right shin contusion, left shoulder sprain/strain, cervical spine sprain/strain, thoracic spine sprain/strain, muscle spasms, gastritis, and left shoulder contusion. His medications included tramadol 50 mg, cyclobenzaprine 10 mg, naproxen 550 mg, pantoprazole DR 20 mg, and nabumetone 750 mg. Treatments have included chiropractic care, work modification, and lumbar spine brace. The progress report dated 11/05/2014 documented the injured worker had a complaint of upper back pain which he rated at a 2/10, left shoulder pain at a 5/10, mid and low back pain at a 5/10, and bilateral legs at a 4/10. On physical examination, his cervical spine was noted to have tenderness to palpation and spasms of the left upper trapezius muscle. Cervical spine flexion is 40% of normal, extension 40% of normal, left flexion 40% of normal, right flexion 40% of normal, left and right rotation at 75% of normal. He is noted to have positive straight leg raise at 30 degrees on the right and 25 degrees on the left. Thoracolumbar spine was noted to have range of motion measured at flexion 45% of normal, extension 15% of normal, left and right flexion at 20% of normal. His left shoulder was measured for range of motion in flexion at 175 degrees, abduction 175 degrees, extension 45 degrees, adduction 35 degrees, internal rotation 75 degrees, and external rotation at 85 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Creams 1) Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams; 2) Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 Grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Compound Topical Creams 1) Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams; 2) Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 Grams is not medically necessary. The California MTUS guidelines state that studies of other muscle relaxants have shown there is no evidence for use of any other muscle relaxant as a topical product. Non-steroidal antiinflammatory agents (NSAIDs) have shown the efficacy in clinical trials for this treatment modality to be inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation regarding proper pain assessment, side effects from pain medications, urine drug screens, or review of CURES reports to indicate the injured worker was not receiving pain relief with his oral pain medications. There is a lack of documentation regarding unresponsiveness or intolerance to other treatments in regards to the use of capsaicin as a topical modality. There was a lack of documentation regarding failure of a trial of antidepressants and anticonvulsants for treatment of neuropathic pain. The request for compounded topical creams compound topical creams 1) cyclobenzaprine 2%, flurbiprofen 25% 180 grams; 2) capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180 grams is not medically necessary.