

Case Number:	CM15-0017339		
Date Assigned:	02/05/2015	Date of Injury:	11/18/2010
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 59-year-old female who reported an injury on 11/18/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervicalgia, status post cervical spine surgery, lumbago, internal derangement of the knee, disorder of the shoulder region, and carpal tunnel syndrome. The injured worker presented on 11/18/2014 with complaints of constant pain in the cervical spine aggravated by repetitive motions. The injured worker also reported radiation of pain into the upper extremities with associated migraine headaches. Additionally, the injured worker reported constant low back pain with radiation into the bilateral lower extremities. Upon examination of the cervical spine, there was palpable paravertebral muscle tenderness with spasm, positive axial loading compression test, positive Spurling's maneuver, and limited range of motion with pain. There was tingling and numbness in the lateral forearm and hand correlating with a C6-7 dermatomal pattern and 4/5 motor weakness. Examination of the lumbar spine also revealed palpable paravertebral muscle tenderness with spasm; a positive seated nerve root test; limited flexion and extension with guarding; and intact sensation. Recommendations included authorization for a course of physical therapy, as well as continuation of the current medication regimen. A prescription form was then submitted on 12/26/2014 for 2 separate compounded creams. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Capsaicin (Patch) 10% 0.025% Gel Quantity: 120: Upheld

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

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support its use as a topical product. Capsaicin in a 0.025% formulation is recommended for treatment of osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. There is no frequency listed in the request. Given the above, the request is not medically appropriate.