

Case Number:	CM15-0017402		
Date Assigned:	02/05/2015	Date of Injury:	06/29/2013
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
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 34 year old male, who sustained an industrial injury on 6/29/13. He has reported head, jaw and dental trauma related to a physical attack. The diagnoses have included blunt head trauma, anxiety, cervical radiculopathy, lumbar radiculopathy and visual disturbances. Treatment to date has included physical therapy, acupuncture, diagnostic studies, extracorporeal shockwave therapy and oral medications. As of the PR2 dated 1/12/15, the injured worker reported headaches and blurred vision. He indicated that the medications offer him temporary relief of the pain and help him sleep. The treating physician requested to continue current medications including Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% cream 180 grams and Cyclobenzaprine 2%, Flurbiprofen 25% cream 180 grams. On 1/20/15 Utilization Review non-certified a request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% cream 180 grams and Cyclobenzaprine 2%, Flurbiprofen 25% cream 180 grams. The utilization review physician cited the MTUS guidelines for chronic pain medical treatments, low back complaints and neck and upper back complaints. On 1/29/15, the injured worker submitted an application for IMR for review of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% cream 180 grams and Cyclobenzaprine 2%, Flurbiprofen 25% cream 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compound cream Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams: 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 analgesic Page(s): 111-113.

Decision rationale: According to the 01/12/2015 report, this patient presents with burning radicular neck/mid back/ low back pain and headaches that is aggravated with loud music, bright lights and stress. The current request is for compound cream Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% cream 180 grams. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states “topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety.” In this case, MTUS does not support gabapentin as a topical product. Therefore, the current request IS NOT medically necessary.

1 Compound cream Cyclobenzaprine 2%, Flurbiprofen 25%, 180 grams: 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 analgesic Page(s): 111-113.

Decision rationale: According to the 01/12/2015 report, this patient presents with burning radicular neck/mid back/ low back pain and headaches that is aggravated with loud music, bright lights and stress. The current request is for compound cream Cyclobenzaprine 2%, Flurbiprofen 25% cream 180 grams. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request IS NOT medically necessary.