

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0018974 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 01/08/1997 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old male who sustained an industrial injury on 1/8/97. He currently complains of increasing back pain associated with numbness, tingling, paresthesias that radiates into bilateral legs right greater than left. He has difficulty with sleep due to pain issues. There was no pain level noted. Medications include Fiorinal, oxazepam, Percocet, skelexin, aspirin. Urine drug screen from 8/27/14 was not consistent with prescription medication prescribed. Diagnoses include L4-S1 posterior decompression and fusion for a spondylolisthesis (2000); adjacent segment pathology at L2-3 and L3-4 with retrolisthesis; status post right arthroscopic knee surgery (3/19/14) and status post rupture right hamstring (2004). Treatments to date include ice packs, stimulator units, medication and physical therapy with minimal to transient benefit. Diagnostics include lumbar spine x-rays with significant retrolisthesis at L2-3 and L3-4; MRI of lumbar spine (1/2/13) demonstrating moderate adjacent segment disease at L2-3 and L3-4 resulting in central and foraminal stenosis and 11/10/14. On 1/21/15 Utilization Review non-certified the requests for cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% 180 mg #1 and capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180 mg #1 citing MTUS: Chronic pain Medical Treatment Guidelines: Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 percent Flurbiprofen 15 percent Gabapentin 10 percent Menthol 2 percent Camphor 2 percent 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs).

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

Decision rationale: This 60 year old male has complained of low back pain and right knee pain since date of injury 1/8/97. He has been treated with physical therapy, lumbar spine surgery, knee surgery, stimulator unit and medications. The current request is for Capsaicin 0.025 percent Flurbiprofen 15 percent Gabapentin 10 percent Menthol 2 percent Camphor 2 percent 180gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Capsaicin 0.025 percent Flurbiprofen 15 percent Gabapentin 10 percent Menthol 2 percent Camphor 2 percent 180gm is not indicated as medically necessary.

Cyclobenzaprine 2 percent Gabapentin 15 percent Amitriptyline 10 percent 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Other muscle relaxants, Non-steroidal antiinfl.

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

Decision rationale: This 60 year old male has complained of low back pain and right knee pain since date of injury 1/8/97. He has been treated with physical therapy, lumbar spine surgery, knee surgery, stimulator unit and medications. The current request is for Cyclobenzaprine 2 percent Gabapentin 15 percent Amitriptyline 10 percent 180gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 2 percent Gabapentin 15 percent Amitriptyline 10 percent 180gm is not indicated as medically necessary.