

Case Number:	CM15-0110715		
Date Assigned:	06/17/2015	Date of Injury:	12/06/1990
Decision Date:	07/17/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: Internal 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 is a 62-year-old male, with a reported date of injury of 12/06/1990. The diagnoses include headaches, cervical spine sprain/strain, rule out herniated nucleus pulposus, rule out cervical radiculopathy, history of right wrist surgery, right wrist sprain/strain, rule out carpal tunnel syndrome, low back pain, status post lumbar spine surgery, and rule out lumbar radiculopathy. Treatments to date have included physical therapy for the right wrist and cervical and lumbar spine; shockwave therapy for the right wrist, and cervical and lumbar spine; and localized intense neurostimulation therapy for the lumbar spine. The progress report dated 04/13/2015 indicates that the injured worker complained of headaches; right-sided neck pain, rated 7 out of 10, associated with numbness and tingling of the bilateral upper extremities; burning right wrist pain, rated 7 out of 10 with weakness, numbness, and tingling of the hand and fingers; and low back pain, rated 7 out of 10 with numbness and tingling of the bilateral lower extremities. The examination of the cervical spine showed tenderness to palpation at the suboccipital region, both scalene and trapezius muscles, and decreased range of motion. An examination of the right wrist showed tenderness to palpation at the carpal bones and on the thenar eminence, decreased range of motion, slightly diminished sensation to pinprick and light touch over the C5, C6, C7, C8, and T1 dermatomes in the upper extremities, and decreased motor strength in all represented muscle groups in the upper extremities. An examination of the lumbar spine showed heel-toe walk with pain, low back pain with toe touch, use of a cane for walking, tenderness to palpation at the lumbar paraspinal muscles and over the lumbosacral junction, decreased lumbar range of motion, and slightly decreased sensation to pinprick and

light touch at the L4, L5, and S1 dermatomes bilaterally. The treating physician requested Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% and Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Methol 2%, Camphor 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of pain in the neck, upper back, lower back, right wrist and hand, cervical and thoracic spine strain, lumbar spine and right wrist surgery. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded topical product containing Gabapentin is not supported by MTUS. Therefore, the request for topical Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary.

1 Prescription of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Medical records document a history of pain in the neck, upper back, lower back, right wrist and hand, cervical and thoracic spine strain, lumbar spine and right wrist surgery. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded topical product containing Cyclobenzaprine and Gabapentin is not supported by MTUS. Therefore, the request for topical Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% is not medically necessary.