

Case Number:	CM15-0112114		
Date Assigned:	06/18/2015	Date of Injury:	06/09/2014
Decision Date:	07/27/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 53 year old male who sustained an industrial injury on 06/09/2014. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having cervical spine sprain/strain with myospasms, right shoulder sprain/strain, tension headaches, and dizziness. Treatment to date has included oral and topical medications. Currently, the injured worker complains of worsening right shoulder pain and tension rated 3/10 and radiating to the neck. His neck pain is moderate and persistent. His pain is aggravated by cold weather, prolonged positioning, and overhead activity. On examination of his shoulders, he has tenderness to palpation with spasms of the right upper trapezius, positive Impingement, Apprehension Sign and Empty Can's test on the right. He has limited range of motion secondary to pain on the right, and full range of motion on the left. On examination of the cervical spine, he has tenderness to palpation with spasms of the bilateral suboccipital muscles and right upper trapezius muscles. Range of motion is limited secondary to pain, he has negative Compression, Spurling, and distraction tests, reflexes C-5-C7 are equal and symmetrical, and pinwheel sensory dermatomes C5-T1 are intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 3%, Camphor 2% - 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized, controlled studies trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains a drug (or drug class) that is not recommended is not recommended. In this case the compounded product contains Flurbiprofen and Gabapentin, which are not recommended. Therefore the request is not medically necessary.