

Case Number:	CM15-0113396		
Date Assigned:	06/19/2015	Date of Injury:	09/18/2007
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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, Pain Management

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 58-year-old female, who sustained an industrial injury on 9/18/2007. She reported attempting to prevent a filing cabinet from falling resulting in acute pain in the neck, shoulders, and low back. Diagnoses include cervical disc displacement, lumbar disc displacement, cervical radiculopathy and shoulder impingement syndrome. She is status post right knee surgery. Treatments to date include modified activity, medication management, chiropractic therapy, acupuncture treatments, and physical therapy. She underwent multiple epidural steroid injections that were temporary successful in relieving pain. Currently, she complained of ongoing neck pain and stiffness associated with numbness and tingling in bilateral upper extremities. She complained of ongoing bilateral shoulder pain, right greater than left, low back pain and pain in bilateral knees. In addition, there was report of episodes of anxiety, stress and depression affecting the quality of sleep, concentration and memory. On 4/22/15, the physical examination documented tenderness in the lumbar spine with muscle spasm noted. The plan of care included a request for an epidural steroid injection. The appeal request was to authorize two topical compound creams including Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/ Camphor 2% (180 grams), apply thin layer to affected areas three times a day; and Cyclobenzaprine 2%/ Flurbiprofen 25% (180 grams), apply thin layer three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor is not medically necessary.

Cyclobenzaprine/Flurbiprofen 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for Cyclobenzaprine/Flurbiprofen, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Cyclobenzaprine/Flurbiprofen is not medically necessary.

