

<b>Case Number:</b>	CM15-0113430		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California  
 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 is a 44 year old female, who sustained an industrial injury on 12/5/13. Initial complaints were not reviewed. The injured worker was diagnosed as having headaches; cervical spine sprain/strain; cervical disc displacement HNP; cervical spine radiculopathy; bilateral shoulder internal derangement; bilateral shoulder sprain/strain; bilateral carpal tunnel syndrome; abdominal pain; sleep disorder. Treatment to date has included physical therapy; acupuncture; shockwave therapy; medications. Diagnostics included MRI left shoulder multiposition (7/25/14); MRI cervical spine with Flex-Ext (7/25/14); MRI right and left wrist with Flex-Ext (7/25/14); MRI right shoulder multiposition (7/25/14). Currently, the PR-2 notes dated 12/30/14 indicated the injured worker complains of headaches. The provider documents she complains of burning, radicular neck pain and muscle spasms. Her pain is described as intermittent to frequent, mild to moderate. She rates her pain as 3/10 and is aggravated by looking up, looking down and side to side as well as repetitive motion of the head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities. The injured worker complains of burning shoulder pain radiating down the arms to the fingers associated with muscle spasms. She rates the pain as 3/10 and it is described as intermittent to frequent, mild to moderate and aggravated by most activities including doing work at or above the shoulder level. She complains also of burning bilateral wrist pain and muscle spasms. Her pain is described as intermittent to frequent, mild to moderate and rates it at 3/10 on a pain scale. It is aggravated by activity. She complains of abdominal disturbances and difficulty sleeping due to pain. She indicates the symptoms are persistent but medications do offer her temporary relive and improve

her sleep. On physical examination, the provider notes tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. Her cervical range of motion is slightly limited. Shoulder examination notes tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. Range of motion has limitations. Her bilateral wrist examination is noted tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. Range of motion of the bilateral wrist is normal except the noted left extension is 50/60 degrees. The abdominal exam was deferred to a specialist. Her neurological examination notes sensation to pinprick and light touch slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities as well. Deep tendon reflexes and vascular pulses are rated as 2+ and symmetrical in the bilateral upper extremities. The provider is requesting retrospective Capsaicin/ Menthol/ Camphor/ Gabapentin/ Fluriprofen for date of service 12/30/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Capsaicin/ Menthol/ Camphor/ Gabapentin/ Flurbiprofen (DOS 12/30/2014):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. Length of use was not specified. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.