

Case Number:	CM15-0113480		
Date Assigned:	06/19/2015	Date of Injury:	09/13/2012
Decision Date:	07/20/2015	UR Denial Date:	06/11/2015
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: 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 32-year-old female, who sustained an industrial injury on 9/13/12. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spine disc bulges with radiculopathy; myospasm; cervical spine multilevel disc protrusions with spinal canal stenosis; right and left knee internal derangement; status post lumbar spine surgery; mood disorder due to chronic pain. Treatment to date has included acupuncture and aquatic therapy. Currently, the PR-2 notes dated 3/31/15 indicated the injured worker complains of low back pain rating it at 8-9/10 and worse with bending and turning a lot to the sides and decreases with medication and rest. She indicates therapy and acupuncture helped somewhat. She is able to do activities of daily living and the pain is controlled somewhat with medications. On physical examination of the cervical spine there is tenderness noted to palpation with spasms of the upper trapezius muscles. She has negative compression, Spurling and distraction. Her reflexes at C5-C7 are equal and symmetrical with pinwheel sensory dermatomes at C5-C7 intact. Her strength is noted as 2+/5. The thoracolumbar spine notes lumbar paraspinals and the right gluteal region spasms. Sensation is intact to the bilateral lower extremities with reflexes in the patellar L4 and Achilles S1 equal and symmetrical. The provider documents in his treatment plan that his is weaning her off of the Tylenol #3 and decreasing her cyclobenzaprine. He is increasing her gabapentin to 300mg #120 for her nerve pain. The provider has requested authorization of CMPD- Capsaicin 0.025% Flurbiprophen 15% Gabapentin 10% Menthol 2% Camphor 2% #180mg and CMPD-Cyclobenzaprine 2% Flurbiprophen 25% #180mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- Capsaicin 0.025% Flurbiprophen 15% Gabapentin 10% Menthol 2% Camphor 2% #180mg: Upheld

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

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 anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle Gabapentin is not recommended due to lack of evidence. Since the compound above contains topical Gabapentin and the claimant was on an increasing dose of oral Gabapentin, the Capsaicin 0.025% Flurbiprophen 15% Gabapentin 10% Menthol 2% Camphor 2% in question is not medically necessary.

CMPD-Cyclobenzaprine 2% Flurbiprophen 25% #180mg: Upheld

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

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 anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine not recommended due to lack of evidence. In addition, the topical compound was used in combination with other topical analgesics. Since the compound above contains topical Cyclobenzaprine, the Cyclobenzaprine 2% Flurbiprophen 25% in question is not medically necessary.