

Case Number:	CM15-0118952		
Date Assigned:	06/29/2015	Date of Injury:	06/30/2014
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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 51 year old male who sustained an industrial injury on 6/30/14. Treatments to date include medication, physical therapy, acupuncture, chiropractic treatment and TENS unit. Primary treating physician's progress note dated 3/21/15 reports complaints of constant, burning neck pain, moderate to severe also with complaints of headache. Bilateral shoulders with burning pain rated 6-7/10 lower back with constant burning pain, rated 6-7/10, associated with numbness and tingling of bilateral lower extremities. Diagnoses include headaches, cervical spine sprain/strain, r/o cervical radiculopathy, bilateral shoulder tendinitis, bilateral shoulder rotator cuff tear, bilateral shoulder bursitis, bilateral shoulder AC arthrosis, lumbar spine HNP, lumbar spine degenerative disc disease, lumbar spine grade I retrolisthesis and r/o lumbar radiculopathy. Plan of care includes: continue medications, Capsaicin is used for neuropathic pain may also help with arthritis or muscle sprains and strains, continue physical therapy, acupuncture and chiropractic treatment, await functional capacity evaluation, continue PRP treatment and terocin patches for pain relief. Work status; remain off work until 4/18/15. Follow up in 4 weeks.

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 2%/Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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. The claimant was on oral analgesics and had used topical Terocin. There is no indication for multiple or chronic use of topical analgesics. Topical Gabapentin is not recommended due to lack of evidence. Since the compound above contains topical Gabapentin, the Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% is not medically necessary.