

Case Number:	CM15-0124788		
Date Assigned:	07/09/2015	Date of Injury:	08/25/1998
Decision Date:	09/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 59 year old male, who sustained an industrial injury on August 25, 1998. The mechanism of injury was not provided in the medical records. The injured worker has been treated for back complaints. The injured worker was diagnosed with lumbar spine discopathy. Documented treatment and evaluation to date has included medications and an MRI. The injured worker was noted to be presently off for several weeks due to a recent heart attack. The injured worker was participating in a cardiac rehabilitation program. The injured worker was noted to be working prior to the heart attack. Current documentation dated May 8, 2015 notes that the injured worker reported stabbing pain and numbness of the upper back and an achy burning pain in the lower back pain. Associated symptoms included a pins and needles sensation in the lower back. The low back pain was rated a 9/10 on the visual analogue scale. The injured worker also noted aching and burning pain with numbness in his legs and pain with numbness in his feet. The leg and foot pain was rated an 8/10. The injured worker also reported aching pain in his neck with radiation to the arms. The neck pain was rated a 9/10 and the arm pain an 8/10. Examination of the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis. Range of motion was noted to be decreased. Motor strength and sensation in the lower extremities was intact. The treating physician's plan of care included a request for the compound cream: Gabapentin 10%/Ketoprofen 10%/ Cyclobenzaprine 4%/Capsaicin 0.0375%/ Menthol 2%/ Camphor 2%, 210 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Ketoprofen 10%/ Cyclobenzaprine 4%/Capsaicin 0.0375%/ Menthol 2%/ Camphor 2% cream, 210 grams: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on topical analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. The MTUS guidelines also state that any compounded product with at least one drug which is not recommended is not recommended. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation for osteoarthritis and 0.075% for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Keptoprofen is currently not FDA approved for topical application. Regarding Gabapentin, there is no peer-reviewed literature to supports its use. There is no evidence for the use of any anti-epilepsy drug as a topical product. Cyclobenzaprine is a muscle relaxant. The guidelines note that there is no evidence for use of muscle relaxants as topical products. The MTUS guidelines do not discuss Menthol. Therefore, the Official Disability Guidelines (ODG) was referenced. The ODG guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Therefore, the request for the compounded cream: Gabapentin 10%/Ketoprofen 10%/ Cyclobenzaprine 4%/Capsaicin 0.0375%/ Menthol 2%/ Camphor 2% is not medically necessary.