

Case Number:	CM15-0176624		
Date Assigned:	09/17/2015	Date of Injury:	05/12/2014
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This injured worker is a 27 year old male, who sustained an industrial injury on 05-12-2014. The injured worker was diagnosed as having headaches, cervical pain sprain-strains rule out herniated nucleus pulposus, rule out cervical radiculopathy, right shoulder sprain-strain rule out internal derangement, lumbar spine sprain-strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy and right ankle sprain-strain rule out internal derangement. On medical records dated 04-01-2015 and 05-05-2015, subjective complaints were noted as having a decrease in neck pain. The pain was stabilized, rating pain a 1 on the scale from 1 to 10. Neck pain was noted to radiate to upper extremities. Right shoulder pain was noted at a 1 out of 10. Mid back pain was noted as burning hot, sore and throbbing rating at 4 out of 10. Objective findings were noted as right shoulder having tenderness to palpation of the anterior shoulder and posterior shoulder. Speed's and Yergason's test causes pain on the right. Cervical spine was noted as range of motion decreased and painful, tenderness to palpation of the cervical paravertebral muscles. The following assessments were noted as positive for pain: cervical compression, Spurling's test, cervical distraction, and foraminal compression. Lumbar spine was noted to have tenderness to palpation in paraspinals bilateral T12 to S1. The injured worker underwent MRI's of the cervical spine and lumbar spine. Treatment to date includes medication and chiropractic therapy. Current medication was listed as Deprizine, Dicoprofen, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen. The Utilization Review (UR) was dated 08-11-2015. The UR submitted for this medical review indicated that the request for 1 Rx of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180mg and 1 Rx of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rx of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on oral Relafen (NSAID) as well. Since the compound above contains these topical medications, the compound in question is not medically necessary.

1 Rx of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was also prescribed another topical containing Gabapentin at the same time. There is no indication for duplicating topicals. The compound in question does not have evidence to support its use for ankle pain as is with the claimant. Since the compound above contains these topical medications, the Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, is not medically necessary.