

Case Number:	CM15-0176694		
Date Assigned:	09/17/2015	Date of Injury:	06/11/2010
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
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: California, Indiana, New York
 Certification(s)/Specialty: 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 41 year old male, who sustained an industrial injury on 06-11-2010. He has reported injury to the head, left lung, left ribs, bilateral hands-wrists, and low back. The injured worker has been treated for post-concussive headaches; bilateral carpal tunnel syndrome; status post repair of multiple rib fractures; status post blunt chest trauma and pulmonary contusion with left hemothorax; right hand status post third and fourth metacarpal open reduction internal fixation; lumbar spine L4-L5 4mm disc with annular tear; abdominal pain, epigastric pain; constipation; and history of rectal bleeding. Treatment to date has included medications, diagnostics, bracing, and surgical intervention. Medications have included Vicodin, Terocin Cream, Nortriptyline, Linzess, Miralax, Colace, Dexilant, Nexium, Ranitidine, Bentyl, and Prilosec. A progress report from the treating physician, dated 05-14-2015, documented a follow-up visit with the injured worker. The injured worker reported right knee and wrist pain; he continues to have numbness and tingling; he has been wearing the carpal tunnel brace; he is anxious to go forward with carpal tunnel release on the right side; he has continued symptoms with nighttime pain, numbness, and tingling, and he has to rely on his brace; he has had physical therapy, worn the brace, and has had injection into this area, and continues with pain; he is taking four Vicodin a day to manage his pain; and he is having stomach upset as a result of this and the pain is still not very well controlled. Objective findings included positive Phalen's and Tinel's of the right wrist; he has tenderness over the carpal tunnel area; he has decreased sensation in the radial three digits with decreased grip strength; and the EMG (electromyography) of the bilateral upper extremities are again reviewed showing bilateral carpal tunnel syndrome. The treatment plan has included the request for retro Menthol-Camphor-Gabapentin-Cyclobenzaprine-Capsaicin date of service: 05-15-2015. The original utilization review, dated 08-12-2015, non-

certified a request for retro Menthol-Camphor-Gabapentin-Cyclobenzaprine-Capsaicin date of service: 05-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Menthol/Camphor/Gabapentin/Cyclobenzaprine/Capsaicin DOS 5/15/15: 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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective menthol, camphor, gabapentin, cyclobenzaprine, capsaicin date of service May 15, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis are right hand is status post third and fourth metacarpal open reduction internal fixation, stable; bilateral mild to moderate carpal tunnel syndrome; left carpal tunnel release October 2012. See progress note dated May 14, 2015 for additional diagnoses. Date of injury is June 11, 2010. Request for authorization is July 7, 2015. According to a progress note dated May 14, 2015, subjective complaints are right knee and wrist pain. The injured worker wears a carpal tunnel brace. Vicodin is not tolerated. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, retrospective menthol, camphor, gabapentin, cyclobenzaprine, capsaicin date of service May 15, 2015 is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective menthol, camphor, gabapentin, cyclobenzaprine, capsaicin date of service May 15, 2015 is not medically necessary.