

Case Number:	CM15-0028989		
Date Assigned:	02/23/2015	Date of Injury:	01/16/2011
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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 70 year old male, who sustained an industrial injury on January 16, 2011. His diagnoses include cervical 5-6 disc herniation w radiculopathy, bilateral upper extremities overuse tendinopathy, bilateral shoulder severe tendinopathy and arthrosis, lumbar 5-sacral 1 discopathy, status post left total knee arthroplasty, sleep disorder, and lumbago with multilevel discopathy. He has been treated with physical therapy medications including oral and topical analgesics, muscle relaxant, and non-steroidal anti-inflammatory. On December 12, 2014, his treating physician reports stabbing neck pain, rated 5/10; stabbing bilateral shoulder pain, rated 5/10; pain and numbness of bilateral wrist/hand, rated 3/10; stabbing low back pain, rated 5/10; and stabbing left knee pain, rated 3/10. He uses a pain medication. The physical exam revealed a slightly antalgic gait. There was thoracolumbar spine tenderness down to the pelvis, slight tightness of the bilateral paralumbar muscles, tender buttocks, inability to squat due to pain, and tenderness on stress of the pelvis. The range of motion was significantly decreased. There was no instability, ankle and knee reflexes were intact, no decreased strength in the lower extremities, and mild bilateral sacroiliac stretch. There was a healed and benign incision of the left knee, a centralized patella, and normal cruciate and collateral ligament test with minimal clicking on contact of the prosthesis. There was medial and lateral tibia tenderness and the posterior and hamstring had slight tenderness without significant swelling. There was mildly decreased range of motion, mild weakness of the quadriceps and hamstring muscle group, and mild per-incisional numbness. Current medications include oral and topical analgesics. The treatment plan includes topical compound medication. On January 21, 2015, Utilization Review non-certified a

prescription for topical compound medication - Gabapentin 10%/Cyclobenzaprine 4%/Ketoprofen 10%/ Capsaicin 0.0375%/Menthol 5%/Camphor 2% 180gm, noting not all of the medications in the compound are not recommended by the guidelines, and therefore, this compound is not recommended. There was no documentation of inability to take or of intolerance to oral non-steroidal anti-inflammatory drugs, gabapentin, or cyclobenzaprine. In addition, the efficacy of long-term of topical non-steroidal anti-inflammatory drugs, gabapentin, and cyclobenzaprine have not been established. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, menthol 5%, Camphor 2% 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Topical analgesics.

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 Gabapentin and Cyclobenzaprine (muscle relaxants) are not recommended due to lack of evidence to support their use. In addition, studies have shown that doses above .025% of Capsaicin do not provide additional benefit. As a result, the topical compound is question above is not medically necessary.