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| Case Number: | CM15-0031178 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 09/17/2014 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 49-year-old female who sustained an industrial injury on 09/17/2014. She reported injury to the back, upper and lower extremities, face, and left arm. The injured worker was diagnosed as having facial contusions and lacerations, cervical spine sprain/strain with myospasm; thoracic spine sprain/strain; lumbar spine sprain/strain; left arm contusion; headaches; closed-head trauma with loss of consciousness, rule out post-concussion syndrome. Treatment to date has included diagnostic MRI's, and the medications of hydrocodone/APAP, Naproxen, Diazepam, and transdermal compounded medications. At the visit on 10/07/2014 the injured worker complained of persistent upper back pain rated an 8/10, left arm pain rated a 7/10, and low back pain with radiation down the left leg and foot that she rated a 8-9/10. She also complains of global headaches associated with memory loss, nausea, and dizziness. Her pain is well controlled with medication and she denies any side effects at this time. On 02/12/2015 the Utilization Review (UR) Organization recommended denial of the retrospective request for the Transdermal Compound with Capsaicin, Camphor, Menthol, Gabapentin, Flurbiprofen, and Versa Pro Base (retrospective, date of service: 10/07/14) citing the CA-MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compound with Capsaicin, Camphor, Menthol, Gabapentin, Flurbiprofen, and Versa Pro Base (retrospective, date of service: 10/07/14): Upheld

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

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

Decision rationale: upper back pain rated 8/10 that radiates to the shoulders, head and mid back; left arm pain rated 7/10; and low back pain rated 8/10 that radiates to left leg and left foot. The request is for TRANSDERMAL COMPOUND WITH CAPSAICIN, CAMPHOR, MENTHOL, GABAPENTIN, FLURBIPROFEN, AND VERSA PRO BASE (retrospective, date of service: 10/07/14). Patient's diagnosis per Request for Authorization form dated 10/07/14 includes sprain of lumbosacral joint and ligaments, and sprain of neck. Physical examination on 10/07/14 revealed tenderness to palpation to the paraspinal muscles of the cervical and thoracolumbar spines, and decreased range of motion. Positive straight leg raise test bilaterally. Examination to the left shoulder revealed tenderness to palpation with spasm of the left upper trapezius muscle. Positive Impingement and Apprehension Sign. Treatment to retrospective date of 10/07/14 included CT scan of the head on 09/17/14, cervical X-ray 09/19/14 and medications. Patient's medications include Naproxen, Ibuprofen, and Norco. The patient is temporarily totally disabled, per 10/07/14 report. Treatment reports were provided from 09/17/14 - 04/29/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater has not provided reason for the request, nor indicated body part that would be addressed. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, this retrospective request IS NOT medically necessary.