

Case Number:	CM15-0039309		
Date Assigned:	03/09/2015	Date of Injury:	10/17/2011
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 66 year old male, who sustained an industrial injury on 10/17/2011. The diagnoses have included headaches, pelvic fracture, dislocated left shoulder, lumbar radiculopathy and incisional hernia. Treatment to date has included physical therapy, chiropractic manipulation, acupuncture, injections to affected body parts, Extracorporeal Shock Wave Therapy (ECSWT) and medication. According to the progress report dated 1/8/2015, the injured worker complained of headaches. He had a dislocated left shoulder with residual pain. The pain was rated 8-9/10. The injured worker also complained of pelvis pain which traveled to the lower back rated 8-9/10. He complained of burning, bilateral hip pain rated 8-9/10. He complained of sharp, stabbing pain in the abdomen at the surgical sites due to pelvic surgery rated 8-9/10. He stated he had been feeling anxious and depressed due to his inability to work. He stated that medications offered him temporary relief of pain and improved his ability to have restful sleep. Exam of the left shoulder revealed tenderness to palpation and decreased range of motion. Lumbar exam revealed palpable tenderness with spasms and decreased range of motion. He walked with a cane. Exam of the bilateral hips revealed palpable tenderness with spasms. The treatment plan was to continue with therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The requested Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has burning, bilateral hip pain rated 8-9/10. He complained of sharp, stabbing pain in the abdomen at the surgical sites due to pelvic surgery rated 8-9/10. He stated he had been feeling anxious and depressed due to his inability to work. The treating physician has documented bilateral hips revealed palpable tenderness with spasms. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gms is not medically necessary.

One container of Cyclobenzaprine 2%, Flurbiprofen 25% 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The requested Cyclobenzaprine 2%, Flurbiprofen 25% 180gms, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has burning, bilateral hip pain rated 8-9/10. He complained of sharp, stabbing pain in the abdomen at the surgical sites due to pelvic surgery rated 8-9/10. He stated he had been feeling anxious and depressed due to his inability to work. The treating physician has documented bilateral hips revealed palpable tenderness with spasms. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Cyclobenzaprine 2%, Flurbiprofen 25% 180gms is not medically necessary.

