

Case Number:	CM15-0061239		
Date Assigned:	04/07/2015	Date of Injury:	01/17/2012
Decision Date:	05/06/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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 47 year old male, who sustained an industrial injury on 1/17/2012. He reported a fall injury while closing a heavy door. The injured worker was diagnosed as having lumbar discogenic disease with radiculopathy and arthropathy, left shoulder pain and left shoulder acromioclavicular osteoarthritis. Lumbar magnetic resonance imaging showed disc desiccation, disc protrusion and facet arthropathy. Treatment to date has included facet injections, acupuncture, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 2/16/2015, the injured worker complains of persistent low back pain. The treating physician is requesting a compounded cream of Capsaicin/Flurbiprofen/Gabapentin/Menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Capsaisin 0.025%, Flurbiprofen 15%/Gabapentin 10% and Menthol 2% cream 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 antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are left shoulder pain; lumbar spine sprain/strain with myospasm; left shoulder acromioclavicular joint osteoarthritis; left shoulder supraspinatus tendinosis; left shoulder infraspinatus tendinosis; left shoulder biceps anchor tear with tendinosis and tenosynovitis; multilevel disc protrusions lumbar spine; and lumbar spine disc desiccation. There are no medications listed in a February 16, 2015 progress note. There are no treatment failures for neuropathic pain documented in medical record (antidepressants and anticonvulsants). A recent urine drug toxicology screen, however, show the presence of Flexeril and Naprosyn. Topical gabapentin is not recommended. Topical Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical gabapentin and Flurbiprofen) that is not recommended is not recommended. Consequently, Capsaisin 0.025%, Flurbiprofen 15%/gabapentin 10% and menthol 2% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Capsaisin 0.025%, Flurbiprofen 15%/Gabapentin 10% and Menthol 2% cream is not medically necessary.