

Case Number:	CM15-0063905		
Date Assigned:	04/09/2015	Date of Injury:	03/16/2012
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old female with an industrial injury dated March 16, 2012. The injured worker diagnoses include cervical spine pain, cervical spine radiculopathy/radiculitis of upper extremity, shoulder impingement syndrome and low back pain. There was no progress report submitted for this review. The treating physician prescribed 180gm for moderate pain-inflammation neuropathic pain; Cyclobenzaprine 2 percent, Flurbiprofen 25 percent 180gm muscle relaxant-moderate pain; and Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gm for moderate pain-inflammation neuropathic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. None of the component of the proposed topical analgesic is recommended by MTUS guidelines for the management of pain. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the proposed topical analgesic is not medically necessary.

Cyclobenzaprine 2 percent, flurbiprofen 25 percent 180gm muscle relexant-moderate pain;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. None of the component of the proposed topical analgesic is recommended by MTUS guidelines for the management of pain. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the proposed Cyclobenzaprine 2 percent, flurbiprofen 25 percent 180gm muscle relexant-moderate pain is not medically necessary.

Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent: Upheld

Claims Administrator 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.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. None of the component of the proposed topical analgesic is recommended by MTUS guidelines for the management of pain. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the proposed Capsaicin 0.025 percent, Flurbiprofen 15 percent, Gabapentin 10 percent, Menthol 2 percent, Camphor 2 percent is not medically necessary.