

Case Number:	CM15-0066153		
Date Assigned:	04/13/2015	Date of Injury:	03/12/2014
Decision Date:	05/21/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 3/12/2014. The current diagnoses are cervicalgia, cervical disc herniation, cervical myelopathy, and cervical discopathy. According to the progress report dated 10/21/2014, the injured worker complains of constant neck pain and stiffness associated with headaches. Per notes, her current medication regimen includes a muscle relaxant and pain medications (name of medications unknown). Treatment to date has included medication management, MRI studies, physical therapy, and chiropractic, acupuncture, and electrodiagnostic studies. The plan of care includes prescription for compound gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%/2%/0.5%/0.025%/10/5% Gel, QTY: 120: 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 section, Anti-epilepsy Drugs section, Capsaicin Topical section Page(s): 16-19, 28, 29, 111-113.

Decision rationale: Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines recommend gabapentin as first-line therapy for painful polyneuropathy. It is also recommended for post-herpetic neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. The guidelines recommend against the use of topical gabapentin for any indication. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request for Gab/Lid/Aloe/Cap/Men/Cam (Patch) 10%/2%/0.5%/0.025%/10/5% Gel, QTY: 120 is determined to not be medically necessary. The request IS NOT medically necessary.