

Case Number:	CM15-0070473		
Date Assigned:	04/17/2015	Date of Injury:	10/22/2014
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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, Alabama, 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 36 year old male patient who sustained an industrial injury on 10/22/2014. The documentation provided showed evidence of the patient being prescribed Naproxen Sodium 550mg, #100, and 2 topical compound creams on 12/01/2014. The patient reported complaint of left wrist/hand pain along with both upper and lumbar back pain; right side greater. He rated the pain a 5 out of 10 in intensity. A primary treating follow up visit dated 01/12/2015 reported subjective complaint of neck pain, lower back pain, left wrist pain, headaches, and difficulty sleeping. He is diagnosed with cervical spine sprain/strain, rule out discogenic neck pain with radiculopathy; lumbar spine sprain, rule out discogenic back pain with radiculopathy; left wrist De Quervain's tenosynovitis; headaches, and insomnia. The plan of care involved initiating physical therapy, neurology referral, sleep study referral, continue with all oral medications and use topical creams, continue with modified work duty, and follow up on 03/06/2015. An initial physician evaluation dated 10/24/2014 reported the patient being involved in a motor vehicle accident during work. The patient first complained of neck, left wrist and lumbosacral pains. He has been using Ibuprofen for the pain. The following diagnoses were applied: lumbar spine strain, midline lumbago, left wrist joint pain, cervicalgia, and spine stiffness. He was treated with Naprosyn and Prilosec, given a course of physical therapy, and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin .05% 120gm:
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. There is no evidence that Camphor or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. . Based on the above Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin .05% 120gm is not medically necessary.