

Case Number:	CM15-0071621		
Date Assigned:	04/17/2015	Date of Injury:	04/25/2003
Decision Date:	05/19/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57-year-old female, who sustained an industrial injury on April 25, 2003. The injured worker has been treated for neck, left shoulder left elbow, left wrist and low back complaints. The diagnoses have included cervicalgia, cervical spine sprain/strain, cervical radiculopathy, left elbow sprain/strain, left wrist De Quervain's tenosynovitis, lumbago, lumbar sprain/strain, rule out left shoulder derangement, lumbar radiculopathy and sleep disorder. Treatment to date has included medications, radiological studies, physical therapy and left elbow and left wrist surgery. Most current documentation dated May 12, 2014 notes that the injured worker reported neck, left elbow, left shoulder, lefty wrist and low back pain. She also reported difficulty with sleeping. Physical examination of the neck and left shoulder revealed tenderness to palpation, a decreased range of motion and positive special orthopedic testing. Examination of the left elbow revealed tenderness to palpation, a decreased range of motion and a positive cubital Tinel's sign. Left wrist examination showed tenderness to palpation, a decreased range of motion and a positive Finkelstein's sign. Lumbar spine examination revealed tenderness to palpation, a decreased range of motion and positive lumbosacral orthopedic testing. The treating physician's plan of care included a request for the topical creams: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, #180 and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, #180.

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%, Camphor 2%, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2%, #180 is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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, compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10%, #180 is not medically necessary.