

Case Number:	CM15-0073285		
Date Assigned:	04/23/2015	Date of Injury:	05/23/2014
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on May 23, 2014 while working as a warehouse worker. The mechanism of injury was an accident where a forklift clamped his left upper extremity against pallets. The injured worker was also noted to have previously fallen from a ladder landing on his left side on May 7, 2014. The injured worker has been treated for low back, left hip, left knee, left elbow and left wrist and hand complaints. The diagnoses have included cervical herniated nucleus pulposus, cervical spine radiculopathy, cervical spine pain, left elbow sprain/strain, left elbow epicondylitis, left wrist subchondral cyst, status post left wrist fracture/closed, low back pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar spine anterolisthesis, left hip sprain/strain, left knee internal derangement and left knee osteoarthritis. Treatment to date has included medications, radiological studies, physical therapy, chiropractic treatments and an MRI of the left wrist on February 4, 2015. The left wrist MRI revealed a full thickness triangular fibrocartilage tear with a soft tissue contusion. Current documentation dated March 2, 2015 notes that the injured worker reported neck, left shoulder and left arm pain. Examination of the left wrist and hand revealed tenderness and swelling about the hand and wrist. Range of motion of the wrist was noted to be painful and decreased. The treating physician's plan of care included a request for the topical compound Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2% 180gm.

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% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin, flurbiprofen, gabapentin, menthol, camphor 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Capsaicin, flurbiprofen, gabapentin, menthol, camphor 180gm is not medically necessary.