

Case Number:	CM15-0078087		
Date Assigned:	04/29/2015	Date of Injury:	03/17/2014
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 3/17/14 due to repetitive activity. She currently complains of neck pain (7/10) with radiation to bilateral upper extremities; headaches (7/10) and bilateral eye pain. Medications are Naprosyn, omeprazole, Flexeril and sumatriptan, gabapentin, Restone, Tramadol, topical cream. Diagnoses include neck strain; headaches; bilateral eye strain; cervical spinal discopathy/ radiculopathy; bilateral carpal tunnel syndrome; depression. Treatments to date include medication; acupuncture; epidural steroid injection with 15 day relief of pain. In the progress note, dated 3/26/15 the treating provider's plan of care includes request to continue topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cre 0.025% (Fluribiprofen 15% / Gabapentin 10% / Menthol 2% / Camphor 2% 180gms: 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 analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 03/17/14 and presents with pain in her cervical spine, left/right shoulder, left/right wrist, and left/right hand. The request is for CAPSAICIN CREAM 0.025% (FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%) 180 GRAMS. The RFA is dated 02/23/15 and the patient is not currently working. MTUS has the following regarding topical creams (page 111, chronic pain section), "Topical analgesics: Nonsteroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. There is tenderness of the bilateral trapezii and cervical paravertebral muscles, tenderness to palpation and muscle spasm of the anterior/posterior of the bilateral shoulders, tenderness to palpation of the dorsal/medial bilateral wrist, and tenderness to palpation of the palmer aspect of the bilateral hands. She is diagnosed with neck strain, headaches, bilateral eye strain, cervical spinal discopathy/radiculopathy, bilateral carpal tunnel syndrome, and depression. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Since Gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen and capsaicin. The requested compounded medication IS NOT medically necessary.