MAXIMUS Federal Services

Case Number:	CM15-0091586		
Date Assigned:	05/18/2015	Date of Injury:	05/04/2012
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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 a 33 year old male with an industrial injury dated 05/04/2012. His diagnoses included cervical disc syndrome, lumbar disc displacement, right shoulder impingement syndrome, loss of sleep and psych component. Prior treatments included acupuncture for cervical and lumbar spine, right shoulder and medications. Other prior requested treatments were MRI of right shoulder and lumbar spine, TENS unit, spine brace, shockwave therapy and referral to specialty providers. The records submitted do not address if the above treatments were authorized or if the injured worked has participated in any of the above treatments. On 03/10/2015 the progress note indicates the injured worker presented with right neck pain described as dull and aching. He rated the pain as 7/10 without medications and 4/10 with medications. Lumbar spine and right shoulder pain were present and rated as 7/10 without medications and 5/10 with medications. He also complained of loss of sleep due to pain. Physical examination revealed decreased and painful range of motion of the cervical spine with tenderness of the cervical paravertebral muscles and right trapezius. Lumbar spine exam revealed decreased and painful range of motion with tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. Right shoulder range of motion was decreased and painful with tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder and trapezius. Work status is documented as: Return to modified work on 03/11/2015 with lifting limited to 40 pounds and no overhead work with the right upper extremity. Requested treatments were compound cream (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%) and compound cream

(Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%.) Other requests were physical therapy and acupuncture. Medications dispensed at the visit were Anaprox, Prilosec, Tramadol and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Compound Cream (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%): 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 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzapine 2%, Gabapentin 15%, Amitriptyline 10%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. 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. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the above mentioned 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 Cyclobenzapine 2%, Gabapentin 15%, Amitriptyline 10%, is not medically necessary.

1 Compound Cream (Capsaicin 0.025%, Flubiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%): 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 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin 0.025%, Flubiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 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 above mentioned 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 0.025%, Flubiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, is not medically necessary.