

Case Number:	CM15-0096735		
Date Assigned:	05/27/2015	Date of Injury:	07/13/2013
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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 28-year-old female who sustained an industrial injury on 7/13/13 involving her neck, back and bilateral knees while setting up 40 pound clothing racks. She felt a pulling pain in the low back. She was medically evaluated and diagnosed with muscular inflammation, given anti-inflammatories and returned to modified work duties. She also completed six physical therapy sessions. She had an MRI of the lumbar spine (9/6/13) showing mild discogenic disease at L4-5, disc protrusion with annular fissure and was referred to an orthopedic specialist and was treated with 8 sessions of acupuncture. By 2014 she had developed neck and left knee pain. She currently complains of burning radicular neck pain with numbness and tingling of the upper extremities and pain level of 5/10; burning bilateral shoulder pain radiating down the arms to the fingers with pain level of 5/10; burning radicular low back pain and muscle spasms with pain level of 7-8/10 and associated with numbness and tingling of the bilateral lower extremities; left knee discomfort after left knee arthroscopy on 3/24/15. Her pain level is 4/10. On physical exam of the cervical spine there was tenderness to palpation over the cervical paraspinal muscles, bilaterally with decreased range of motion; shoulders exhibit tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle with decreased range of motion; lumbar spine exhibits tenderness on palpation at the lumbar paraspinal muscles and over lumbosacral junction with decreased range of motion; the left knee shows marked swelling, stiffness and limited range of motion. She ambulates with crutches. Medications allow her temporary pain relief and allow her to have a restful sleep. Medications are carisoprodol, diclofenac, hydrocodone, citalopram and pantoprazole. Diagnoses include cervical spine herniated nucleus pulposus; cervical radiculopathy; bilateral shoulder superior glenoid labrum tear; low back pain; lumbar spine herniated nucleus pulposus; lumbar radiculopathy; bilateral knee medial and lateral meniscal tear; mood disorder; stress. Treatments to date include physical therapy, chiropractic care, acupuncture and shockwave therapy for

cervical and lumbar spine. Diagnostics include MRI of the left shoulder (12/26/14) showing supraspinatus tear, tendinosis, tenosynovitis; MRI of the right shoulder (12/26/14) showing supraspinatus tear, infraspinatus tendinosis MRI of the right knee showing small; radiographs of the left knee show no increase in osteoarthritis focal tear; MRI of the left knee (12/26/14) showing possible mild lateral subluxation of the patella, mild knee joint effusion; MRI of the cervical spine showing disc desiccation at C2-3 to C6-7, focal central disc herniation; MRI of the lumbar spine (12/26/14) showing disc desiccation at L4-5 and disc herniation. On 5/6/15 Utilization review reviewed a request for Capsaicin 0.25%, flurbiprofen 5%, gabapentin 10%, Menthol/ Camphor 2% 180 GM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.25%, Flurbiprofen 5%, Gabapentin 10%, Menthol/Camphor 2% 180 gm:
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 analgesic Page(s): 111-113.

Decision rationale: The patient presents on 04/01/15 with left knee pain rated 4/10 following recent surgery. The patient's date of injury is 07/13/13. Patient is status post left knee arthroscopy on 03/24/15. The request is for Capsaicin 25%, Flurbiprofen 5%, Gabapentin 10%, Menthol/Camphor 2% 180 GM. The RFA is dated 03/04/15. Physical examination dated 04/01/15 reveals marked swelling, stiffness, and limited range of motion in the left knee. The provider notes an in-office X-ray which does not show any increase in osteoarthritis. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the left knee dated 12/26/15, significant findings include: "Possible mild lateral subluxation of the patella is seen, thinning of the lateral trochlear cartilage, Lateral patellofemoral joint space narrowing, Mild knee joint effusion." Per 04/01/15 progress note, patient is advised to remain off work until 05/20/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended." In regard to the request for a compounded cream containing Capsaicin, Flurbiprofen, Gabapentin, Menthol, and Camphor; the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.