MAXIMUS Federal Services

Case Number:	CM15-0097749		
Date Assigned:	05/28/2015	Date of Injury:	06/14/2014
Decision Date:	07/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/20/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury to the right shoulder and low back on 6/14/14. Previous treatment included chiropractic therapy and medications. In the most recent documentation submitted for review, an orthopedic consultation PR-2 dated 2/23/15, the injured worker complained of burning, radicular neck and low back pain with muscle spasms and burning right shoulder pain. The injured worker rated his pain 7/10 on the visual analog scale. Physical exam was remarkable for cervical spine and lumbar spine tenderness to palpation over the paraspinal musculature with restricted range of motion and right shoulder tenderness to palpation at the delto-pectoral groove and upper trapezius muscle with decreased range of motion. Current diagnoses included cervical spine sprain/strain, right shoulder pain, lumbar spine sprain/strain and lumbar radiculopathy. The treatment plan included magnetic resonance imaging cervical spine, right shoulder and lumbar spine, electromyography bilateral upper and lower extremities, a course of physical therapy, chiropractic therapy and acupuncture, a course of shock wave therapy, a functional capacity evaluation and medications (Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex).

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: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines 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." 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 regarding topical Gabapentin; "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As mentioned above if any drug in the compound is not recommended the product cannot be recommended. As such, the request for this compound product is deemed not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines 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." 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 regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated in this case. As mentioned above if any drug in the compound is not recommended the product cannot be recommended. As such, the request for this compound product is deemed not medically necessary.