

Case Number:	CM13-0003576		
Date Assigned:	03/21/2014	Date of Injury:	03/23/2006
Decision Date:	04/29/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female with date of injury 03/23/2006. Per the treating physician's report dated 04/19/2013, presenting symptoms included knee pain from a fall when the knee buckled. The patient had triggering of the left thumb as well. Listed diagnoses: left shoulder status post arthroscopy, degenerative disk disease of the cervical spine, rule out cervical radiculitis, ring finger trigger finger left thumb, carpal tunnel syndrome bilaterally, avascular necrosis proximal pole scaphoid, right shoulder rotator cuff tendinitis, impingement syndrome right shoulder, AC joint arthrosis right shoulder, low back pain, insomnia, high blood pressure, right knee contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: FLURB / DICLO / GABA / LIDO CREAM (DOS: 5/24/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines for chronic pain Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines have specific discussion regarding compounded topical products. It states that if one of the compounded products is not

recommended, then the entire compound is not recommended. In this case, this compounded cream contains Gabapentin which is not recommended by the MTUS Chronic Pain Guidelines as a topical product. The request is not medically necessary and appropriate.