

Case Number:	CM13-0007875		
Date Assigned:	03/07/2014	Date of Injury:	06/16/2010
Decision Date:	04/17/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/06/2013

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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 66-year-old female who reported an injury on 06/16/2010. The injury was noted to have occurred when a 5 gallon water barrel fell of a rooftop and struck her on the right shoulder. Her diagnoses include chronic posttraumatic neck pain, right upper extremity radicular symptoms, chronic lumbar spine strain and sprain, and chronic right shoulder sprain and strain. Her treatment history is noted to include acupuncture, massage, physical therapy, medications, and injections. It was also noted that she had previously taken toperimate and etodolac which caused GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE FOR GABA 7% / KETO 10% / LIDO 5% 30GM FOR DOS 5/21/2013: 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 ANALGESICS Page(s): s 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, when any single drug in a compounded topical agent is not recommended, then the topical compound is not recommended.

In regard to topical Gabapentin, the MTUS Guidelines indicate that gabapentin is not recommended for topical use as there is no peer-reviewed literature to support it. In regard to ketaprofen, the guidelines state that topical ketaprofen is not FDA approved and has an extremely high incidence of photocontact dermatitis. In regard to lidocaine, the MTUS Guidelines state that the only FDA approved formulation of topical lidocaine currently is the lidoderm patch. For these reasons, the requested compound is not supported. As such, the request is not medically necessary and appropriate.