

Case Number:	CM13-0025447		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2010
Decision Date:	03/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 44-year-old male who sustained a work-related injury on 5/18/10. Subjective complaints include low back pain, bilateral shoulder pain, and right wrist pain. Objective findings include positive bilateral Phalen's and Tinel's signs, tenderness to palpation of the bilateral shoulders, and pain, tenderness, and spasm of the lumbar spine. Current diagnoses include bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, and lumbar discopathy, and treatment to date has consisted of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for 120 Flurbiprofen 10%/Cyclobenzaprine 2%/Capsaicin 0.0125%/Lidocaine 1% (7/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that many agents are compounded for monotherapy, or in combination for pain control. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended as a whole. Furthermore, Lidocaine is not recommended in creams, lotions, or gels, and Gabapentin is not recommended topically. Therefore, the compound medication cannot be recommended. The request is noncertified.

retrospective request for 60 Ketoprofen 15%/Lidocaine 1%/Capsaicin 0.012%/Tramadol 5% (7/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that many agents are compounded for monotherapy, or in combination for pain control. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. Furthermore, Lidocaine is not recommended in creams, lotions, or gels, and Ketoprofen is not recommended topically. Therefore, the compound medication cannot be recommended. The request is noncertified.