

Case Number:	CM13-0027612		
Date Assigned:	03/14/2014	Date of Injury:	09/13/2011
Decision Date:	05/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

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:

The patient is a 36-year-old female who sustained an injury on September 13, 2011 while employed by the [REDACTED]. Diagnoses include cervical disc displacement/ cervicalgia; thoracic sprain/ disc displacement; lumbago; shoulder sprain; anxiety/ acute stress/ depressive disorder; elbow/forearm sprain; and stomach function disorder. The report from August 9, 2013 noted that the patient had no changed in symptoms; was pending an appointment with pain management; and had right shoulder pain rated at 4/10 with a pop and click of right elbow. The electromyogram (EMG) noted medical neuropathy with carpal tunnel syndrome (CTS) and was referred to a hand specialist. The report from January 10, 2014, from a psychiatric provider, listed the patient's medications as oral Wellbutrin, Ativan, Restoril, and Bentyl tablets. The treatment plan included a request for a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND GABA/KETO/LIDO ULTRACREAM 240GM: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to how it is medically necessary to treat the injured worker, who is not intolerable to oral medications. The submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. Therefore, the requested topical compound is not medically necessary and appropriate.