

Case Number:	CM13-0034892		
Date Assigned:	12/11/2013	Date of Injury:	01/14/2003
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 01/14/2003. The patient is currently diagnosed with cervical discopathy, bilateral wrist pain, status post bilateral carpal tunnel surgery, lumbar sprain and strain, right shoulder impingement syndrome, and acromioclavicular joint arthrosis, ulnar neuropathy, and left shoulder impingement. The patient was seen by [REDACTED] on 07/26/2013. Physical examination revealed positive cervical compression testing, positive Spurling's maneuver, left-sided C5 and C6 radicular irritation, spasm, and tightness in bilateral upper trapezius muscles, positive impingement sign in the right shoulder, crepitus, acromioclavicular joint tenderness, and reduced range of motion. It was noted that the patient's condition established the need for compounded topical medications, which were administered in-office per physician instructions. Treatment recommendations included a return to work without restrictions, authorization for an MRI of the cervical spine and bilateral upper extremity EMG/NCV studies, a Pro-Stim unit, and continuation of transdermal medication in the form of Xoten-C pain relief lotion and gaba/keto/lido cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM13-0034892: 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 rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug class that is not recommended is not recommended, is not recommended as a whole. As per the clinical notes submitted, there is no indication of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Gabaketolido cream: 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 rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug class that is not recommended is not recommended, is not recommended as a whole. As per the clinical notes submitted, there is no indication of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.