

Case Number:	CM13-0053309		
Date Assigned:	12/30/2013	Date of Injury:	11/01/1995
Decision Date:	03/14/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal 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:

This is a 60-year-old female who sustained injury on 11/01/1995. Records submitted indicated that she has been treated for chronic pain to her left shoulder, bilateral wrist, and lower back with radiating pain in her legs. She had MRI of the left shoulder on 12/03/2011 that showed large full thickness tear of supraspinatus tendon consistent with full-thickness rotator cuff tear, degenerative joint disease and hypertrophic AC joint changes. She had left shoulder arthroscopic surgery on 02/14/2013 with anterior acromioplasty, rotator cuff repair, and Mumford procedure. A clinic note dated 11/05/2013 indicates she presented with complaints of bilateral wrist pain and heaviness. She reported right wrist more painful than left wrist. She had 2-3 weeks of physical therapy and stopped because she did not feel that they were addressing the wrists properly as she had in the past. She stated the increased dose of Pristiq was helpful. Her pain score was 6/10 right now with medications and without medications it is 10/10. She was diagnosed with left shoulder sprain/strain, left rotator cuff tear, left shoulder and upper arm pain, neuralgia/neuritis, neck sprain, lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain related depression, and tension headaches. Treatment plan was authorization for urine drug screen, continue Kava Kava 1 po tid #90, continue Opana ER to 40 mg, one twice a day, #120, continue Pristiq to 10 mg QD, #30, continue Gaba/Keto/Lido compounded ointment transdermally to the affected areas TID, #240 grams, continue Trazodone 50 mg 2 PO QHS for insomnia and pain #60, continue Sinralyne two at bedtime for insomnia, #60 with instruction to take it with Trazodone to help her sleep, continue Flexeril 10 mg 1 PO TID for muscle spasms, #90, continue Prilosec 20 mg 1 po qd, #30, and extension of authorization for physical therapy and transfer to [REDACTED] for specific hand therapy. The current review is for Gaba/Keto/Lido compound ointment #240 gm and Sinralyne #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Gaba/Keto/Lido compound ointment #240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: This 60-year-old female was diagnosed with chronic pain syndrome and neuralgia. As per CA MTUS guidelines, the use of Ketoprofen and Gabapentin is not currently FDA approved for a topical application. The guidelines indicate that the use of Lidocaine is recommended for localized peripheral pain. However, it is not recommended if any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gaba/Keto/Lido compound ointment #240 gm is non-certified.

One prescription of Sintralyn qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Food, Gamma-aminobutyric acid (GABA).

Decision rationale: CA MTUS guidelines do not have appropriateness of this request and hence ODG was used. As per ODG guidelines, "this supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia." There is no documentation that she was diagnosed with epilepsy, spasticity or tardive dyskinesia and the provider has requested continued use of sintralyn for insomnia. Additionally, the guidelines also indicate adverse reactions associated with treatment include hypertension, increased heart rate and anxiety.