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| Case Number: | CM14-0000199 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 10/29/1999 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/27/2013 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 62-year-old male who reported an injury on 10/29/1999. The mechanism of injury was not specifically stated. The current diagnosis is joint pain in the shoulder. The injured worker was evaluated on 10/31/2013 with complaints of neck pain radiating into the right upper extremity as well as right shoulder pain. The injured worker was status post a series of 3 right stellate ganglion blocks in 03/2012. Previous conservative treatment also includes topical analgesics and physical therapy. Physical examination revealed limited cervical range of motion, tightness and stiffness, mild tenderness over the cervical spinous processes, tenderness over the occipital nerves bilaterally, positive provocation testing, trigger points with spasm in the cervical paravertebral muscles, limited range of motion of the right shoulder, trigger points with spasm in the right shoulder girdle musculature, severe sensitivity over the right upper extremity, discoloration of the right hand, temperature change in the right hand, diminished upper extremity reflexes, and diminished sensation in the right forearm. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% / Tramadol 20% / Baclofen 5% 120 gm, #1 DOS: 10/3/13: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended. Muscle relaxants are also not recommended. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Ketamine 10% / Gabapentin 10% / Amitriptyline 10% / Clonidine 0.2% 120 gm, #1:
Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended. Ketamine is also not recommended. There is also no frequency listed in the current request. As such, the request is not medically necessary.