

Case Number:	CM14-0002590		
Date Assigned:	01/24/2014	Date of Injury:	10/27/2011
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 33-year-old female who reported an injury on October 27, 2011. The mechanism of injury was a motor vehicle accident. The clinical notes dated November 27, 2013 reported the injured worker complained of having painful flare ups to the neck and low back. The injured worker had physical therapy as well as acupuncture. The injured worker underwent an AME in 2013. The injured worker underwent an MRI on November 2, 2012 which was noted to be unremarkable, EMG (electromyogram)/NCV (nerve conduction velocity) test on March 14, 2013 which was noted to be unremarkable. The injured worker had spine surgery on July of 2012 and lumbar spine surgery on November of 2012. The physical exam noted the injured worker had positive Neer sign and Hawkins impingement sign in the bilateral shoulders. The cervical spine had a negative Spurling's test with positive tenderness and pain along the inferior right scapula. The provider recommended the injured worker continue with physical therapy which helped relieve pain. The provider requested CGLK cream. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CGLK CREAM: 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): 111-112.

Decision rationale: The injured worker reported painful flare up's of the neck and low back. The injured worker has had physical therapy as well as acupuncture with some relief noted. The Chronic Pain Medical Treatment Guidelines recommend largely as an experimental use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs [non-steroidal anti-inflammatory drugs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that ketoprofen, lidocaine in creams, lotion or gels, capsaicin in a 0.0375 % formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Given the clinical information the request for CGLK contained non recommended topical creams such as capsaicin, gabapentin, lidocaine and ketoprofen. Furthermore, the request does not include the quantity. The request for CGLK cream is not medically necessary or appropriate.