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| Case Number: | CM14-0017550 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 10/26/2007 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 Physical Medicine and Rehabilitation 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 66 year old female reported an injury on 10/26/2007 to her lower back, neck and right shoulder. The mechanism of injury is unclear. The clinical notes dated 07/24/2013 reported pain her low back pain a 3/10 and her neck pain a 5/10, but no other areas of the body were addressed. It is unclear if the pain reported is with or without medication. The oral medication list provided, in the same report, listed Norco 5/325 as needed for pain and Neurontin 300mg three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM 240G (FLURBIPROFEN 25%, CYCLOBENZAPRINE 02%, ONE REFILL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The request for topical cream 240g (Flurbiprofen 25%, Cyclobenzaprine 0.02%) is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend there is little evidence to utilize topical (NSAIDs) non-steroidal anti-inflammatory drugs for

treatment of osteoarthritis of the spine, hip or shoulder and for neuropathic pain it is not recommended as there is no evidence to support use. Furthermore, there is no evidence for use of any other muscle relaxant as a topical product. Given that both active ingredients are contraindicated per the guidelines the request is not medically necessary

TOPICAL CREAM 240G- (GABAPENTIN 10%, LIDOCAINE 5%, TRAMADOL 15%, ONE REFILL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The request for the topical cream 240g (Gabapentin 10%, Lidocaine 5%, Tramadol 15%) is non-certified. The Chronic Pain Medical Treatment Guidelines recommend there is little evidence to utilize topical (NSAIDs) non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder and for neuropathic pain it is not recommended as there is no evidence to support use. Gabapentin is not recommended as there is no peer-reviewed literature to support use. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Since the formulation includes all three of the aforementioned guidelines as contraindicated for use the request is not medically necessary.