

Case Number:	CM14-0167054		
Date Assigned:	10/14/2014	Date of Injury:	09/15/2013
Decision Date:	12/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 69-year-old male with an injury date of 09/15/2013. Based on the 07/22/2014 progress report, the patient complains of bilateral shoulder pain, left greater than right. The patient's diagnoses include the following: 1. Bilateral knee sprain/strain. 2. Bilateral wrist sprain/strain. 3. Bilateral shoulder sprain/strain. 4. Lumbar strain/sprain. The utilization review determination being challenged is dated 09/26/2014. There were 2 treatment reports provided from 07/22/2014 and 08/26/2014 which were both illegible. No further information was provided on the denial letter in terms of the patient's subjective and objective pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm: 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.

Decision rationale: According to the denial letter, the patient presents with bilateral knee sprain/strain, bilateral wrist sprain/strain, bilateral shoulder sprain/strain, lumbar strain/sprain,

and bilateral foot sprain/strain, and ankle sprain/strain. The request is for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm. MTUS Guidelines page 111 regarding topical analgesics states that amitriptyline is not recommended. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." MTUS Guidelines states that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. Gabapentin is not recommended for topical product. Recommendation is for denial.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 gm: 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.

Decision rationale: Based on the denial letter, the patient presents with bilateral knee sprain/strain, bilateral wrist sprain/strain, bilateral shoulder sprain/strain, lumbar strain/sprain, bilateral foot and ankle sprain/strain. The request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 g, refill 0. There is no indication provided as to where the patient will be applying this cream to. MTUS Guidelines provided clear discussion regarding topical compounded creams. Page 111 states, "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." Regarding Gabapentin, MTUS states, "Not recommended. There is no peer-reviewed literature to support use." Given the lack of support for gabapentin, recommendation is for denial.