

Case Number:	CM14-0173593		
Date Assigned:	10/24/2014	Date of Injury:	11/11/2012
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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, 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 35 year old with an injury date on 11/11/12. Patient complains of continuous cervical pain radiating to bilateral upper extremities with numbness/tingling, bilateral shoulder pain with popping/grinding in right shoulder, bilateral arm pain, right > left, radiating into her hands, and mid-back pain rated 5/10 per 10/1/14 report. Based on the 10/1/14 progress report provided by [REDACTED] the diagnoses are: 1. thoracic outlet syndrome 2. right 1st rib resection in April 2009 3. s/p right anterior scalene resection in February 2014 with residual pain 4. neuropathic pain in upper extremities 5. chronic neck and extremity pain 6. trigger points in the right cervical paraspinal muscles, right trapezius and levator scapula 7. myofascial spasm in the cervical spine with mild stenosis at C2-3 and C3-4 8. chronic pain syndrome 9. anxiety and depression due to above chronic pain and chronic thoracic outlet syndrome Exam on 10/1/14 showed "C-spine range of motion decreased by 30%, sensation decreased in right C6, C7, and C8 dermatomes." Patient's treatment history includes right shoulder scalenectomy (2009), right scalene block injection, 12 physical therapy sessions with no relief, 12 acupuncture sessions with no relief, right total anterior scalenectomy on 2/14/14 (not beneficial) and 20 sessions of postoperative physical therapy. [REDACTED] is requesting Flurbi 15 percent Baclo 2 percent Cyclo 2 percent Gaba 6 percent Lido 180 Grams 0 Refills. The utilization review determination being challenged is dated 10/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/23/14 to 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi 15 Percent Baclo 2 Percent Cyclo 2 percent Gaba 6 Percent Lido 180 Grams 0 Refills: 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 Medicine Salicylate topicals Page(s): 111-113 105.

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, bilateral arm pain, and thoracic spine pain. The treater has asked for Flurbi 15 Percent Baclo 2 Percent Cyclo 2 Percent Gaba 6 Percent Lido 180 grams 0 Refills on 10/1/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, topical gabapentin is not indicated per MTUS guidelines. Therefore, the requested compound topical cream would not be considered medically necessary therefore request is not medically necessary.