

Case Number:	CM14-0176151		
Date Assigned:	10/29/2014	Date of Injury:	04/12/2012
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational 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:

Injured worker (IW) is a 57 year old female who sustained an industrial injury to the neck, shoulders, and upper extremities on 04/12/12. Documented diagnoses include right shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, cervical radiculitis with myofasciitis, cervical spine disc injury, and left shoulder tendonitis. Documented treatment has included topical medications. Office note document complaints of pain in the neck, shoulders, and right arm, with tingling in the right arm and both hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Ketamine 15% apply one-two grams of affected area three-four times per day as needed #120gm thirty day supply: 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): 111-113.

Decision rationale: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend topical

baclofen or topical gabapentin. MTUS considers topical ketamine to be under study for refractory cases of neuropathic pain which has failed primary and secondary treatments. Failure of primary and secondary treatments for neuropathic pain is not documented in this case. Medical necessity is not established for the requested compounded topical medication.