

Case Number:	CM14-0027379		
Date Assigned:	07/16/2014	Date of Injury:	02/15/2012
Decision Date:	08/14/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The patient is a 54 year-old male with date of injury 02/15/2012. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/30/2014, lists subjective complaints as pain in the bilateral shoulders and upper extremities. Objective findings: Examination of the bilateral shoulders and upper extremities revealed no bruising, swelling, atrophy, or lesions present. Diagnosis: 1. Right shoulder impingement syndrome. 2. Right shoulder myoligamentous injury. 3. Right shoulder strain/sprain. 4. Left shoulder impingement syndrome. 5. Left shoulder myoligamentous injury. 6. Left shoulder strain/sprain. 7. Right elbow strain/sprain. 8. Right lateral epicondylitis. 9. Left elbow strain/sprain. 10. Left lateral epicondylitis. 11. Right carpal sprain/strain. 12. Right carpal tunnel syndrome. 13. Right wrist strain/sprain. 14. Left carpal sprain/strain. 15. Left carpal tunnel syndrome. 16. Left wrist strain/sprain. There is no evidence the patient has been prescribed the following medications before the request for authorization. Medications: Flurbiprofen 20 %/ tramadol 20% in mediderm base 240 grams, Gabapentin 10%/ amitriptyline 10%/ dexamethorphan 10% in mediderm base 240 grams, and Baclofen/ flurbiprofen/ acetyl-carnitine 7/60/125 MG #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO FLURBIPROFEN 20 %/ TRAMADOL 20% IN MEDIDERM BASE 240 GRAMS
02/14/2014: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUND MEDICINES Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not a recommended NSAID by the MTUS.

RETRO GABAPENTIN 10%/ AMITRIPTYLINE 10%/ DEXAMETHORPHAN 10% IN MEDIDERM BASE 240 GRAMS 02/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUND MEDICINES Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use.

RETRO BACLOFEN/ FLURBIPROFEN/ ACETYL-CARNITINE7/60/125 MG #90 02/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen.