

<b>Case Number:</b>	CM14-0028600		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 is licensed to practice in California and Washington. 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 a 35-year-old male who reported injury to the left shoulder and lower back on 08/16/2013. The injury was secondary to a fall off a truck. The injured worker complained of sharp pain to the left shoulder and lumbar spine rating pain 7/10. Physical examination of the lumbar spine showed flexion of 40 degrees, extension of 20 degrees both with pain, of the left shoulder tenderness to palpation over the subacromial muscle strength to the upper extremities 4/5 bilaterally, flexion of the left shoulder 140 degrees, abduction 120 degrees, and positive Neer's and Hawkin's test. A MRI (magnetic resonance imaging) of the left shoulder revealed mild hypertrophic changes of the acromioclavicular joint, an os acromial, minimal inflammation in the subcromial-subdeltoid bursa, moderate tendinosis to the supraspinatus tendon with mild interstitial tearing and no full-thickness rotator cuff tear done 09/11/2013. X-ray of the lumbar spine showed mild discogenic spondylosis at L5-S1 on 08/27/2013. The injured worker has diagnoses of left shoulder contusion, lumbar contusion, and lumbar sprain. He had past treatments of medications and physical therapy. The injured workers medications were tramadol one tablet at bedtime, ibuprofen and tizanidine three times a day and tylenol every four to six hours as needed. The treatment plan is for retrospective flur/lido/amit (flurbiprofen, lidocaine, and amitriptyline) 20/5/5% 240gm dispensed on 12/18/2013 and for retrospective gaba/cyclo/tram (gabapentin, cyclobenzaprine, and tramadol) 10/6/10 240gm dispensed on 12/18/2013. The request for authorization form was not submitted for review. There is no rationale for the requests for retrospective flur/lido/amit 20/5/5% 240gm dispensed on 12/18/2013 and for retrospective gaba/cyclo/tram 10/6/10 240gm dispensed on 12/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Flur/Lido/Amit 20/5/5% 240gm, between 12/18/2013 and 12/18/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs and Topical Lidocaine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesis Page(s): 111-112.

**Decision rationale:** The request for requests for retrospective flur/lido/amit 20/5/5% 240gm dispensed on 12/18/2013 is non-certified. The injured worker complained of sharp pain to the left shoulder and lumbar spine rating pain 7/10. He had past treatments of medications and physical therapy. According to CA MTUS guidelines for topical analgesic: any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The requested cream has lidocaine in it. Therefore, the request for requests for retrospective flur/lido/amit 20/5/5% 240gm is non-certified.

**One (1) prescription for Gaba/Cyclo/Tram 10/6/10 240gm, between 12/18/2013 and 12/18/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topical and cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 113.

**Decision rationale:** The request for retrospective gaba/cyclo/tram 10/6/10 240gm dispensed on 12/18/2013 is non-certified. The injured worker complained of sharp pain to the left shoulder and lumbar spine rating pain 7/10. He had past treatments of medications and physical therapy. According to CA MTUS guidelines for topical analgesic: any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, gabapentin is not recommended because there is no peer-reviewed literature to support use. Therefore, the request for retrospective gaba/cyclo/tram 10/6/10 240gm is non-certified.