

Case Number:	CM14-0039280		
Date Assigned:	06/27/2014	Date of Injury:	06/05/2012
Decision Date:	08/05/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old female with a 6/5/12 date of injury. At the time (3/05/14) of request for authorization for Pain Management Follow-up Visit, Ongoing use of Flurbiprofen 10%/Gabapentin 10%/Lidocaine 5% in Lipoderm and Ongoing use of Tramadol 20%/Baclofen 5% in Lipoderm, there is documentation of subjective (shoulder pain with intensity of 7/10 and low back pain with intensity of 6/10) and objective (right shoulder tenderness with weakness, decreased range of motion, paraspinal spasm, and tenderness, guarding and decreased range of motion of the lower back) findings, current diagnoses (lumbar spine sprain and strain with radiculopathy to the right side, and impingement syndrome of right shoulder), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow up Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain and strain with radiculopathy to the right side, and impingement syndrome of right shoulder. However, there is no (clear) documentation of a rationale identifying the medical necessity of the requested pain management follow up visit. Therefore, based on guidelines and a review of the evidence, the request for Pain Management Follow-up Visit is not medically necessary and appropriate.

Ongoing use of Flurbiprofen 10%/Gabapentin 10%/Lidocain 5% in Lipoderm: 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 Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain and strain with radiculopathy to the right side and impingement syndrome of right shoulder. However, Flurbiprofen 10%/Gabapentin 10%/Lidocaine 5% in Lipoderm contains at least one component (lidocaine and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for ongoing use of Flurbiprofen 10%/Gabapentin 10%/Lidocaine 5% in Lipoderm is not medically necessary.

Ongoing use of Tramadol 20%/Baclofen 5% in Lipoderm: 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 Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical

applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain and strain with radiculopathy to the right side and impingement syndrome of right shoulder. However, Tramadol 20%/Baclofen 5% in Lipoderm contains at least one component (baclofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for the ongoing use of Tramadol 20%/Baclofen 5% in Lipoderm is not medically necessary and appropriate.