MAXIMUS Federal Services

Case Number:	CM14-0042319		
Date Assigned:	06/30/2014	Date of Injury:	03/12/2009
Decision Date:	08/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 36-year-old female was reportedly injured on March 12, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated September 23, 2013 indicates that there are ongoing complaints of neck pain, back pain, and bilateral shoulder pain. Pain is rated at 9/10 without medications and 6-7/10 on the visual analog scale (VAS) with medications. The physical examination demonstrated tenderness and muscle spasms along the cervical spine with decreased cervical spine range of motion. Physical examination of the lumbar spine also showed decreased range of motion and tenderness. Physical examination the right shoulder noted tenderness to the right shoulder although it is not stated exactly where. There was decreased right shoulder range of motion. There was a positive impingement sign of the bilateral shoulders. Diagnostic imaging studies are not reviewed during this visit. A request had been made for a compound of Gabapentin/Lidocaine/Tramadol and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: gabapentin 10%, Lidocaine 5%, Tramadol 15% 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including Gabapentin and Tramadol have any efficacy. For this reason this request for the compound of Gabapentin/Lidocaine/Tramadol is not medically necessary.