

Case Number:	CM14-0042928		
Date Assigned:	06/30/2014	Date of Injury:	08/24/2007
Decision Date:	07/30/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 52-year-old woman with a date of injury of 08/24/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 12/24/2013, 01/22/2014, and 03/07/2014 described the worker was experiencing neck pain that went into the right shoulder, arm, and hand and also down to the mid-back on both sides. Documented examinations consistently reported decreased neck motion, spasm of a specific muscle in the neck and shoulder, tenderness in the muscles alongside the upper spine, mild swelling in the right fingers, decreased right shoulder motion, decreased feeling in the right arm along a nerve path, and decreased reflexes and strength equally in both arms. The reviewed notes concluded the worker was suffering from neuralgia, neuritis, and radiculitis; carpal tunnel syndrome; cubital tunnel syndrome; right shoulder tendonitis; and imaging findings consistent with a torn right shoulder tendon. The documentation indicated the worker had been treated with two neck surgeries, physical therapy, a home exercise program, and medications. The medications included opioids with an anti-constipation medication, a non-steroidal anti-inflammatory drug (NSAID) with a stomach protectant, acetaminophen, a muscle relaxant, and anti-depressants. [REDACTED] note dated 01/22/2014 reported a topical compound (made up of several medications) was tried, resulting in decreased pain overall and a decreased use of oral pain medications. Additional details were not recorded. A Utilization Review decision by [REDACTED] was rendered on 03/28/2014 recommending not medically necessary for 120 grams of a compounded medication that included 25% diclofenac, 10% gabapentin, and 10% lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Diclofenac 25%, Gabapentin 10%, Lidocaine 10%, 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded product.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (diclofenac), anti-seizure (gabapentin), and anesthetic (lidocaine) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical gabapentin is not recommended because there is no literature to support its use. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis, not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. The submitted and reviewed documentation consistently concluded that the worker's neck and arm pain was due to a combination of neuropathic elements and injury to the right shoulder tendons. The office note by [REDACTED] dated 01/22/2014 indicated the worker had used the compound as a trial for an unreported amount of time with some benefit. There was no discussion of the expected length of treatment with the topical compounded medication. Because the individual medications in the compound are not recommended by the MTUS Guidelines, the current request for 120 grams of a compound including 25% diclofenac, 10% gabapentin, and 10% lidocaine is not medically necessary.