

Case Number:	CM14-0050094		
Date Assigned:	07/11/2014	Date of Injury:	05/12/1992
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 55-year-old female was injured on May 12, 1992. The mechanism of injury was a fall. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of neck pain, low back pain, and left shoulder pain. The physical examination demonstrated no tenderness along the cervical spine. There was decreased cervical spine range of motion with pain and a normal upper extremity neurological examination. There was tenderness over the lumbar facets and a left sided sacroiliac joint. There was a positive left sided straight leg raise test at 60. Decreased lumbar spine range of motion was noted. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, acupuncture, the use of a TENS unit, and an H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication #9 Diclofenac 3%/ Baclofen 2%/ Bupivacaine 1%/ Gabapentin 6%/ Ibuprofen 3%/ Orphenadrine 5%/ Orphenadrine 5%/ Pentoxifyline 3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients particularly gabapentin, have any efficacy. For this reason, this request is not medically necessary.