

Case Number:	CM14-0051038		
Date Assigned:	07/07/2014	Date of Injury:	05/08/2009
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine 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 57-year-old female with a 10/21/03 date of injury. At the time of the decision for there is documentation of subjective (bilateral shoulder pain) and objective (paravertebral tenderness of cervical spine and increased range of motion) findings. Her current diagnoses include neck and lumbar sprain and strain, brachial neuritis, and shoulder region disorders. Treatment to date includes previous cervical epidural injection and compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Med: Lido 6%/Gaba 10%/Keto 10%: 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 Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation 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 for use. Within the medical information available for review, there is documentation of diagnoses of neck and lumbar sprain and strain, brachial neuritis, and shoulder region disorders. However, Lido 6%/Gaba 10%/Keto 10% contains at least one drug (Lidocaine, Ketoprofen, and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.