

Case Number:	CM14-0068114		
Date Assigned:	07/11/2014	Date of Injury:	07/13/2004
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

The injured worker is a 58-year-old female who reported an injury on 07/13/2004. The mechanism of injury was not stated. Current diagnoses include lumbar herniated nucleus populusus, cervical spondylosis, carpal tunnel syndrome, and left shoulder joint disease. The injured worker was evaluated on 04/03/2014 and it was noted that the injured worker was status post Botox injection on 09/19/2013. Current medications include Norco, Gabapentin, Prilosec, Amitriptyline, Norflex, and Xanax. Physical examination revealed a well healed anterior surgical scar, 1+ tenderness to palpation with less spasm in the cervical spine, and tenderness over the right trapezius and central paraspinal. Treatment recommendations at that time included continuation of the current medication regimen and compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Baclofen 29%, Cyclobenzaprine 2%, Diclofenac 3%, Oclotenac 3%, Gabapentin 6%, Orphenadrine 5%, Telracaine 2% 120mg with 3 refills: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Pages 111-113. The Expert Reviewer's decision rationale: California MTUS Guidelines state, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use. Gabapentin is also not recommended as there is no evidence for the use of an anti-epilepsy drug as a topical product." There is no frequency listed in the request. As such, the request is considered not medically necessary.