

Case Number:	CM14-0068248		
Date Assigned:	08/08/2014	Date of Injury:	06/27/2013
Decision Date:	09/12/2014	UR Denial Date:	04/07/2014
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 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 injured worker is a 45 year-old female who was reportedly injured on 6/27/2013 the mechanism of injury is noted as cumulative trauma. The most recent progress note dated 6/16/2014. Indicates that there are ongoing complaints of neck and bilateral upper extremity pain. The physical examination demonstrated cervical spine: positive tenderness to palpation trapezius, and scapula bilaterally. Persistent right sided head tilt. Positive trigger points affecting right supraspinatus, scapula and trapezius. Positive shoulder depression, foraminal compression right sided, hyperextension compression was positive bilaterally. Limited range of motion of the cervical spine. Upper extremities: positive tenderness in the right upper extremity with trigger points about the right wrist and forearm. Tenderness to the medial/lateral epicondyle. Shoulder: positive tenderness right posterior shoulder, trapezius, and scapula. Range of motion equal bilaterally without crepitus or instability. Bilateral wrist range of motion with pain. Resisted movements were accomplished crepitus and pain on the right side greater than left. Positive Phalen's right side positive Tinnel's right side. No recent diagnostic studies were available for review. Previous treatment includes injections, medications, chiropractic treatment, bracing, massage therapy, physical therapy, and electrical stimulation. A request was made for gabapentin 10%/cyclobenzaprine 6%/tramadol 10%, genicin 500mg, flurbiprofen/lidocaine hcl/amitriptyline and was denied in the pre-authorization process on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin10%/Cyclobenzaprine6%/Tramadol10%: 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 Page(s): 111-113 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Flurbiprofen/ Lidocaine HCL/Amitriptyline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.

Genicin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Geocinn is a glucosamine supplement. The California Medical Treatment Utilization Schedule recommends this as preparation of topical lidocaine, an option, given its low risk, for individuals with moderate arthritis, especially knee arthritis. Based on the clinical documentation provided, the claimant has not been diagnosed with arthritis and as such the requested medication is considered not medically necessary.