

Case Number:	CM14-0068856		
Date Assigned:	07/14/2014	Date of Injury:	09/10/2012
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/13/2014

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 records presented for review indicate that this 51 year old gentleman was reportedly injured on September 10, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated August 28, 2013, indicates that there are ongoing complaints of lumbar spine pain and right shoulder pain. The physical examination demonstrated decreased range of motion with pain of the cervical spine and lumbar spine. There was also limited range of motion with pain of the left elbow. Diagnostic nerve conduction studies indicated and S1 radiculopathy. An MRI the lumbar spine indicates disc bulges at L4 to L5 and L5 to S1 without any nerve root involvement. Previous treatment includes a sacroiliac (SI) joint injection. A request was made for Flurb/Caps/Meth/Dimeth/Gaba/ Tram/Baclo/Ethyl for the back, neck, and left shoulder and was not certified in the preauthorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for (prescription drug, generic)
Flurb/Caps/Meth/Dimeth/Gaba/Tram/Baclo/Ethyl for the back, left shoulder and neck,
DOS 11-06/13: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 121-124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include antiinflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the retrospective request for Flurb/Caps/Meth/Dimeth/Gaba/Tram/Baclo/Ethyl for the back, left shoulder, and neck is not medically necessary.