

Case Number:	CM14-0084568		
Date Assigned:	07/28/2014	Date of Injury:	10/31/2003
Decision Date:	09/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 49 year old female who reported injury on 10/31/2003. The mechanism of injury was not specified. Her diagnoses consists of left carpal tunnel syndrome, cervical spine sprain, thoracic spine strain, lumbar spine strain, left elbow strain and failed right wrist surgery. Her past treatments include medications, physical therapy and surgery. Her past diagnostics included an MRI on 04/25/2012 that showed mild posterior disc bulging and bilateral facet prominence resulting in right and left sided lateral recess stenosis without foraminal narrowing at L4-5 and L5-S1. Additionally an MRI on 05/11/2012 revealed mild bilateral facet prominence, loss of lordotic curvature with straightening of the cervical spine and the wrist showed no evidence of ligament sprain or tenosynovitis. The injured worker's surgical history included right wrist/hand surgery and right shoulder surgery. On 03/27/2014 the injured worker complained of pain in her neck, upper back, lower back, right shoulder/arm, left shoulder/arm, right wrist/hand and left wrist/hand. The physical exam indicated sensation in right lower extremity, mid-anterior thigh, mid-lateral calf and ankles are intact. Medications include Fluribiprofen/Gabapentin/Cyclobenzaprine and Tramadol. The treatment plan, rationale for the request and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compounded creams Flurbiprofen/Gabapentin/Cyclobenzaprine and Tramadol for the right shoulder DOS 4/23/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The retrospective request for compounded creams Furibiprofen/Gabapentin/Cyclobenzaprine and Tramadol for the right shoulder/ DOS 04/23/2014 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally guidelines only recommend topical NSAIDs for short-term relief of osteoarthritis pain in joints of the ankle, elbow, foot, hand, knee, and wrist. However, it has not been evaluated for the treatment of the spine, hip or shoulder. However, the injured worker complained of pain in her neck, upper back, lower back, right shoulder/arm, left shoulder/arm, right wrist/hand and left wrist/hand. However, she was not noted to have osteoarthritis in these areas. Additionally, the guidelines state that gabapentin and cyclobenzaprine are not recommended as topical products due to lack of peer-reviewed literature to support use. Therefore, as the requested topical compound contains agents that are not recommended, the compound is also not supported. As such, the retrospective request for compounded creams Furibiprofen/Gabapentin/Cyclobenzaprine and Tramadol for the right shoulder/ DOS 04/23/2014 is not medically necessary