

Case Number:	CM14-0086124		
Date Assigned:	07/23/2014	Date of Injury:	10/20/2010
Decision Date:	10/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Preventive 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 44-year-old female with a 10/20/10 date of injury, status post L4-5 posterior lumbar interbody fusion 7/22/11, and status post removal of lumbar spinal hardware 10/19/12. At the time (5/23/14) of the Decision for Flurbiprofen/Capsaic (patch) 10% 0.025% cream #120 and Gabapentin/lidocaine/aloe/cap/men/cam (patch 10% 2% 5% .025% 10% 5% gel #120, there is documentation of subjective (not specified) and objective (left shoulder revealed tenderness, positive Hawkin's impingement sign, and pain with terminal range of motion) findings, current diagnoses (left shoulder derangement and post removal of lumbar spinal hardware), and treatment to date (activity modifications and shoulder injection). Regarding Flurbiprofen/Capsaic (patch) 10% 0.025% cream #120, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaic (patch) 10% 0.025% cream #120:

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.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of left shoulder derangement and post removal of lumbar spinal hardware. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen/Capsaic (patch) 10% 0.025% cream #120 is not medically necessary.

Gabapentin/lidocaine/aloe/cap/men/cam (patch 10% 2% 5% .025% 10% 5% gel #120:
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.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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. Within the medical information available for review, there is documentation of diagnoses of left shoulder derangement and post removal of lumbar spinal hardware. However, the requested Gabapentin/lidocaine/aloe/cap/men/cam (patch 10% 2% 5% .025% 10% 5% gel #120 contains at least one drug (Gabapentin and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin/lidocaine/aloe/cap/men/cam (patch 10% 2% 5% .025% 10% 5% gel #120 is not medically necessary.