

Case Number:	CM14-0149916		
Date Assigned:	09/18/2014	Date of Injury:	06/27/2012
Decision Date:	04/20/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old male who sustained an industrial injury on June 27, 2012. He has reported left heel pain and has been diagnosed with left shoulder impingement, lumbosacral sprain/strain, right hip sprain/strain, left ankle sprain, and headaches. Treatment has included physical therapy, electrical stimulation, exercise, and hot packs. Currently the injured worker complains of left heel pain and headache. The treatment request included gabapentin 10%, cyclobenzaprine 1 %, lidocaine 5% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND; GABAPENTIN 10%, CYCLOBENZAPRINE 1%, LIDOCAINE 5%-180 GM: 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 Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 61 year old male with an injury on 06/27/2012. He has left heel pain and headache. MTUS Chronic Pain guidelines note that if an active ingredient of a compound topical analgesic is not recommended then the entire compound is not recommended. Neither Gabapentin 10% nor Clonazepam 1% are recommended treatments. Thus, the requested compound topical analgesic is not recommended; it is not medically necessary.