

Case Number:	CM14-0187854		
Date Assigned:	11/18/2014	Date of Injury:	11/17/1997
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 54-year-old woman who sustained a work related injury on November 17, 1997. Subsequently, she developed shoulder and neck pain. The progress report dated July 24, 2014 documented complaints of neck pain that was described as aching and stiff and aggravated with activity. The patient complains of numbness and tingling in the fingers as well as weakness in the neck. The patient also complained of bilateral shoulder pain that was described as aching, throbbing, needle-like with raising the arm above the head, behind the back or across the chest. The pain radiates to the hands. Physical examination revealed a decreased cervical range of motion. There was tenderness to palpation in the paraspinal musculature and trapezius muscle. Impingement testing caused obvious rotator cuff pathology bilaterally. Tenderness over the anterior and lateral deltoid region was noted. Tinel's test was positive at the elbows bilaterally. Pronation and supination of the forearms was to 70 degrees. Wrist examination revealed a positive Tinel's test bilaterally. Hand examination revealed a positive Phalen's test bilaterally. Neurological examination of the upper extremities was intact. In a progress report dated October 23, 2014, the patient stated that symptoms continued to be the same. She stated that someone gave her a week gym pass and she was going to pool therapy. She noticed improvement for her bilateral wrist/forearm and was using her wrist brace less often. On examination, bilateral shoulder and wrist ranges of motion were decreased. Phalen's and Tinel's tests were positive bilaterally. There was tenderness in the cervical paraspinal musculature and decreased cervical range of motion. The patient was diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, bilateral shoulder impingement syndrome, and cervical spine discopathy. The provider requested authorization for Gabapentin 10% Lidocaine 5%, and Baclofen 2% Flurbiprofen 5% acetyl- L-Carnitine 15%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% lidocaine 5% 180grams: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that Lidocaine is effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anti-convulsants). Therefore, the request for prescription of Gabapentin 10% lidocaine 5% 180gm is not medically necessary.

Baclofen 2% flurbiprofen 5% acetyl- L-carnitine 15% 180 grams: Upheld

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

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

Decision rationale: The requested topical cream is formed by the combination of Baclofen/ Flurbiprofen/ Acetyl-Carnitine. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Baclofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Baclofen/ Flurbiprofen/ Acetyl-Carnitine is not medically necessary.