

Case Number:	CM14-0194423		
Date Assigned:	12/02/2014	Date of Injury:	07/20/2009
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/20/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 46-year-old female with date of injury of 07/20/2009. The listed diagnoses from 09/30/2014 are chronic pain; cervical facet arthropathy; cervical radiculopathy; right carpal tunnel syndrome; status post right carpal tunnel release; and status post right wrist triangular tear repair. According to this report, the patient complains of neck, low back, and upper extremity pain. She states that the pain in the low back radiates to the right lower extremity. The patient rates her pain 7/10 without medications. Examination shows vertebral tenderness in the cervical spine at C4-7. Tenderness noted upon palpation at the right trapezius muscles. Range of motion in the cervical spine was moderately limited due to pain. Tenderness was also noted on palpation at the S I joint. The documents including an MRI of the thoracic spine from a 02/20/2014, facet rhizotomy procedure report from 11/26/2013, AME reports from 06/19/2012 and 08/28/2014, and progress reports from 10/25/2013 to 10/31/2014. The utilization review denied the request on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 10%/Lidocaine 5%, 180gm: 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.

Decision rationale: This patient presents with neck, low back, and upper extremity pain. The provider is requesting a prescription of Gabapentin 10%/Lidocaine 5%, 180gm. The MTUS Chronic Pain Medical Treatment Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is currently not supported in topical formulation by the MTUS Guidelines. Therefore, the request is not medically necessary.

1 Prescription of Baclofen 2%/Flurbiprofen 5%/Acetyl-L-Carnitine 15%, 180gm: 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.

Decision rationale: This patient presents with neck, low back, and upper extremity pain. The provider is requesting a prescription of Baclofen 2%/Flurbiprofen 5%/Acetyl-L-Carnitine 15%, 180gm. The MTUS Chronic Pain Medical Treatment Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Baclofen, a muscle relaxant, is currently not recommended in topical formulation. The request is not medically necessary.