

Case Number:	CM14-0199692		
Date Assigned:	12/10/2014	Date of Injury:	06/18/2013
Decision Date:	01/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 a date of injury of 6/18/13. The mechanism of injury is stated as cumulative overuse injury. The patient has complained of neck pain, left shoulder pain, left elbow pain and left wrist pain since the date of injury. She has been treated with left elbow and left wrist surgery in 11/2013 (other details not specified), TENS unit, physical therapy and medications. MRI of the left elbow dated 06/2014 revealed thickening of the lateral epicondylar conjoint tendon. Objective: decreased and painful range of motion of the cervical spine; tenderness to palpation of the lateral epicondyle left elbow. The diagnoses are left elbow lateral epicondylitis and cervicalgia. Treatment plan and request includes Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base; Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 30 day supply 180 grams x2 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base (DOS: 11/7/14): 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: The current request is for Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base. Per the MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the retrospective request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base is not medically necessary.

Retrospective: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in Cream Base 30 day supply 180 grams x2 tubes (DOS: 11/7/14): 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: The current request is for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 30 day supply 180 grams x2 tubes. Per the MTUS Chronic Pain Medical Treatment Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the retrospective request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 30 day supply 180 grams x2 tubes is not medically necessary.