

Case Number:	CM14-0203079		
Date Assigned:	12/15/2014	Date of Injury:	11/24/2012
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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, 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 an injured worker with a history of bilateral shoulder and neck pain, brachial neuritis, periarthrosis of shoulder, and myalgias. Date of injury was November 24, 2012. Psychological evaluation report dated 03/05/14 states that the patient reported pain that began on 11/24/12 without specific incident which progressed to the point the patient had difficulty lifting the left arm. The patient has undergone a left shoulder rotator cuff repair and undergone multiple interventions for pain. The patient has attempted relaxation techniques. MRI magnetic resonance imaging of the cervical spine dated 01/06/14 showed minimal multilevel cervical spondylosis without significant foraminal or central spinal stenosis. Progress report dated 07/10/14 indicates the patient complains of neck pain and muscle weakness of the left arm. The patient reports numbness in both hands. Tenderness is noted in trapezius muscle. Active cervical extension, bilateral rotation and flexion are impaired. Plan of care includes continuing therapy. Electrodiagnostic study report dated 07/17/14 shows an abnormal study. There is electrodiagnostic evidence of a moderate demyelinating median neuropathy across the left wrist carpal tunnel syndrome and evidence consistent with left C6 radiculopathy. The qualified medical evaluation report dated 08/18/14 indicates the patient complains of pain in neck and shoulder intermittently radiating to the head. The pain is aggravated by washing dishes, cleaning duties, driving, and reaching upward, forward and backward but relieved by massage, rest, and drinking alcohol. The pain is rated 4-7/10. There is mild spasm in bilateral C5-6 paraspinal areas. Tenderness is noted in trapezius and rhomboids. Strength of bilateral shoulder abductors and left finger and thumb abductors are graded 4/5. Decreased sensation is noted in the left hand. The progress report dated 10/09/14 documented complaints of pain in the neck and shoulder joints with numbness. On examination, there is tenderness in the occipital protuberance of the cervical

spine, with restricted flexion, extension, and rotation. The treatment plan included a request for topical medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam/Nifedipine/Amitriptyline/Gabapentin/Clonidine/Bupivacaine/Lidocaine:
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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records indicate a history of bilateral shoulder and neck pain, brachial neuritis, periartthritis of shoulder, and myalgias. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin is not supported by MTUS. The request for topical Meloxicam/Nifedipine/Amitriptyline/Gabapentin/Clonidine/Bupivacaine/Lidocaine is not supported by MTUS guidelines. Therefore, the request for Meloxicam /Nifedipine /Amitriptyline /Gabapentin /Clonidine/ Bupivacaine /Lidocaine is not medically necessary.