

Case Number:	CM14-0021810		
Date Assigned:	06/11/2014	Date of Injury:	05/08/2003
Decision Date:	03/13/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old male who reported an injury on 05/08/2003. The mechanism of injury was not stated. The current diagnoses include right shoulder sprain, cervical sprain, lumbar sprain, insomnia, bilateral wrist tendinitis, and bilateral upper extremity radiculopathy. The latest physician progress report submitted for this review is documented on 11/14/2013. The injured worker presented with complaints of persistent pain with insomnia. Previous conservative treatment includes medication management, physical therapy and home exercise. The current medication regimen includes Vicodin 5/500 mg, Ativan, and Norflex. Upon examination, there was tenderness to palpation of the cervical spine with hypertonicity, mildly decreased active range of motion, and positive axial compression test. Examination of the bilateral shoulders revealed tenderness to palpation with positive impingement sign and positive cross arm sign. Recommendations included continuation of the current medications regimen. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapenti/Cyclobenz/Tramadol/PCCA LIPO day supply: 20 Qty: 180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended as there is no evidence for the use of a muscle relaxant as a topical product. Gabapentin is also not recommended. Given the above, the request is not medically appropriate in this case. There was also no strength or frequency listed in the request. As such, the request is not medically appropriate at this time.