

Case Number:	CM14-0070849		
Date Assigned:	07/14/2014	Date of Injury:	06/28/2013
Decision Date:	02/13/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine, and is licensed to practice in New York & North Carolina. 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:

This patient, a 36 year old man, says he was injured 6/28/13 with resultant right shoulder pain and low back pain. He had been lifting a series of 100 pound drums, and after moving the 5th, he began to have pain in the affected areas. He's had right shoulder arthroscopy 1/23/14 and subsequent physical therapy. His treating physician is appealing the 4/25/14 denial of topical analgesics - Amitriptyline/Dextromethorphan/ Gabapentin, 10%/10%/10%; and Flurbiprofen/ Tramadol/ Cyclobenzaprine - 20%/20%/4% creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/Dextromethorphan/Gabapentin (10/10/10%) Cream: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain treatment guidelines, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the agents

in this compound are recommended for topical treatment, and are hence not medically necessary. Therefore, this request is not medically necessary.

Flurbiprofen/Tramadol/Cyclobenzaprine (20/20/4%) Cream: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain treatment guidelines, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the agents in this compound are recommended for topical treatment, and are hence not medically necessary. Therefore, this request is not medically necessary.