

Case Number:	CM15-0002325		
Date Assigned:	01/13/2015	Date of Injury:	11/08/2006
Decision Date:	04/22/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/06/2015

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 58 year old male, who sustained an industrial injury on 11/8/06. The injured worker was diagnosed as having status post open reduction internal fixation of right greater tuberosity fracture, status post right shoulder arthroscopy, status post open reduction internal fixation of the right acetabulum and chronic right tennis elbow. Treatment to date has included physical therapy, H-wave, home exercise program, left elbow injection, open reduction internal fixation of right greater tuberosity fracture, right shoulder arthroscopy, open reduction internal fixation of right acetabulum, oral medications and topical creams. Currently, the injured worker complains of continuing right shoulder right elbow and right hip pain. The physical exam noted crepitus of right shoulder and limited motion pain in right elbow laterally with resisted wrist extension and limited motion with tenderness in posterior aspect of the greater trochanter. The treatment plan included refilling his anti-inflammatory medications, refilling analgesic creams, gym membership and continuing home exercise program. The injured worker noted he is able to discontinue oral medications with the use of the H-wave system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 11/10/2014 report, this patient presents with pain in the "right shoulder, right elbow as well as his right hip." The current request is for Compound Medications. The request for authorization is on 11/18/2014 and the treating physician is requesting for "Tramadol 8% /Gabapentin" compound analgesic. The patient's work status is "Permanent and stationary, under future medical care." Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, MTUS does not support gabapentin as a topical product. The current request is not medically necessary.