

Case Number:	CM15-0006515		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2012
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female who reported an injury on 12/05/2012. The mechanism of injury involved repetitive activity. The injured worker is diagnosed with cervical spine myofasciitis with radiculitis. The injured worker presented on 12/08/2014 with complaints of 10/10 neck pain, 8/10 left elbow pain, 7/10 bilateral wrist pain, and 10/10 low back pain. Upon examination, there was tenderness to palpation with limited range of motion of the cervical and lumbar spine. A neurology consultation was recommended. Recommendations also include a transdermal cream containing sumatriptan 3.33%, flurbiprofen 2.5%, gabapentin 3%, amitriptyline 1.5% and ondansetron 0.25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 3.33% Flurbiprofen 2.5%, Gabapentin 3%, Amitriptyline 1.5%, Ondansetron 0.25% Cream; Apply 1-2 grams to affected area 3-4 times a day PRN, 120 gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18180637>

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Given the above, the request for a compounded cream containing flurbiprofen 2.5% and gabapentin 3% is not medically appropriate.