

Case Number:	CM15-0008207		
Date Assigned:	01/26/2015	Date of Injury:	02/01/2010
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 61 year old female who sustained an industrial injury on 2/1/10. The injured worker reported symptoms in the cervical spine. The diagnoses included cervical sprain/strain. Treatments to date have included oral medications. PR2 dated 12/11/14 noted the injured worker presents with "decreased range of motion", the treating physician is requesting Gabapentin 10% Lidocaine 5%: 180gm and Baclofen 2%, Flurbiprofen 5%, Acetyl-L carnitine 15%: 180gm. On 12/23/14, Utilization Review non-certified a request for Gabapentin 10% Lidocaine 5%: 180gm and Baclofen 2%, Flurbiprofen 5%, Acetyl-L carnitine 15%: 180gm. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Lidocaine 5%: 180gm: 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): 111-114.

Decision rationale: According to the California MTUS Guidelines, gabapentin is not supported for topical use and lidocaine is only recommended in the form of a dermal patch and for neuropathic pain. It is also stated that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical baclofen is also not supported for use. The clinical documentation submitted for review does not indicate that the injured worker has tried and failed recommended oral medications to support the request for a topical analgesic. Also, the requested compound cream contains medications that are not supported by the guidelines. Therefore, the request is not supported. As such, the request is not medically necessary.

Baclofen 2%, flurbiprofen 5%, Acetyl-L carnitine 15%: 180gm: 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): 111-114.

Decision rationale: According to the California MTUS Guidelines, gabapentin is not supported for topical use and lidocaine is only recommended in the form of a dermal patch and for neuropathic pain. It is also stated that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical baclofen is also not supported for use. The clinical documentation submitted for review does not indicate that the injured worker has tried and failed recommended oral medications to support the request for a topical analgesic. Also, the requested compound cream contains medications that are not supported by the guidelines. Therefore, the request is not supported. As such, the request is not medically necessary.