

Case Number:	CM15-0100456		
Date Assigned:	06/02/2015	Date of Injury:	03/13/2014
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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 47-year-old male, with a reported date of injury of 03/13/2014. The diagnoses include left shoulder sprain/strain, crushing injury of the forearm, and left wrist sprain/strain. Treatments to date have included oral medications, topical pain medications, electrodiagnostic studies of the upper extremities on 12/11/2014 which showed bilateral ulnar neuropathy, an MRI of the left shoulder which showed osteoarthritis, and chiropractic therapy. The progress report dated 04/29/2015 indicates that the injured worker complained of left shoulder pain, left forearm pain, left wrist pain with numbness and tingling, and left hand pain with numbness and tingling. The objective findings include decreased left shoulder range of motion, supraspinatus press caused pain in the left shoulder, decreased left wrist range of motion, tenderness to palpation of the dorsal left wrist, decreased left hand range of motion, pain with Phalen's, and pain with carpal compression of the left hand. The progress report dated 03/18/2015 indicates that the left shoulder pain was rated 9 out of 10, the left forearm pain was rated 9 out of 10, the left wrist pain was rated 8-9 out of 10, and the left hand pain was rated 9 out of 10. It was noted that the pain was relieved by medication. The treating physician requested Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base qty: 3: 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 Topical Analgesics, page 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base qty: 3 is not medically necessary and appropriate.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base qty: 3: 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 Topical Analgesics, page 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base qty: 3 is not medically necessary and appropriate.