

Case Number:	CM15-0101381		
Date Assigned:	06/03/2015	Date of Injury:	10/21/2014
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/27/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on October 21, 2014. The mechanism of injury was not provided. The injured worker has been treated for neck, back and left shoulder complaints. The diagnoses have included left shoulder rotator cuff tear/ bursitis/impingement syndrome, left superior labrum, anterior to posterior tear, cervical disc displacement, thoracic disc displacement, left shoulder arthropathy and abrasions or friction burn of the elbow, forearm, and wrist without mention of infection. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, chiropractic care, neurological evaluation and physical therapy. Current documentation dated April 23, 2015 notes that the injured worker reported neck, thoracic spine and left shoulder pain. The pain was characterized as constant, dull and achy. The pain was rated a five out of ten on the visual analogue scale. Associated symptoms included numbness and tingling. Examination revealed tenderness to palpation of the cervical and thoracic spine. The treating physician's plan of care included a request for the compounded medications: Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2% Dexamethasone Micro .2%/Capsaicin .025%/Hyaluronic 2% in a cream base and Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine Hyaluronic Acid .2% in cream base 240mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2% Dexamethasone Micro .2%/Capsaicin .025%/Hyaluronic 2% in cream base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." Baclofen is not recommended as a topical analgesic. Therefore, the compound containing it is not medically necessary.

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine Hyaluronic Acid .2% in Cream Base 240mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." Gabapentin is not recommended as a topical analgesic. Therefore, the compound containing it is not medically necessary.