

Case Number:	CM15-0103054		
Date Assigned:	06/05/2015	Date of Injury:	03/30/2011
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii

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 3/30/11. The injured worker was diagnosed as having pituitary adenoma, headache, lumbar disc protrusion, lumbar facet hypertrophy, and injury to lumbar nerve root, osteoarthritis, and other cyst of bone, chondromalacia and left lateral epicondylitis. Currently, the injured worker was with complaints of headaches, low back pain, left elbow and left shoulder pain. Previous treatments included epidural injections, medication management, physical therapy, chiropractic treatments and acupuncture treatment. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 7-8/10. Physical examination was notable for painful range of motion to the lumbar spine and left shoulder. The plan of care was for medication prescriptions.

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 180gm in cream base: 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): 111-113.

Decision rationale: According to the attending physician report, the patient has ongoing cervical and lumbar spine pain, left shoulder and left elbow pain. The current request is for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 180 gm in cream base. The CA MTUS does recommend topical analgesics as an option as indicated below. 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. According to the CA MTUS guideline, Gabapentin is not recommended. There is no peer-reviewed literature to support its use. As such, the current request is not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Camphor 2%/Capsaicin 0.025% cream base 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): 111-113.

Decision rationale: According to the attending physician report, the patient has ongoing cervical and lumbar spine pain, left shoulder and left elbow pain. Flurbiprofen 20%/Dexamethasone 2%/capsaicin .025% cream base 180 gm. The CA MTUS does recommend topical analgesics as an option as indicated below. 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. The CA MTUS guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Furthermore, there is nothing in the medical records to indicate the patient has failed at first-line medications, and the request does not indicate that the request is for peripheral joint arthritic pain. As such, the current request is not medically necessary.