

Case Number:	CM15-0104661		
Date Assigned:	06/09/2015	Date of Injury:	12/27/2001
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48-year-old female, who sustained an industrial injury on 12/27/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having likely upper extremity overuse tendinopathy with bilateral carpal tunnel syndrome, left greater than right, shoulder impingement, and chronic cervical postural discopathy. Treatment to date has included diagnostics, physical therapy, cortisone injection, and medications. Currently, the injured worker returned for follow-up on her neck and left shoulder. She complained of right upper extremity pain, tenderness, and limited range of motion. She reported not having medications due to lack of authorization. She also had difficulty sleeping. She stated that attending physical therapy was helping. She was currently working. The treatment plan included Voltaren XR tablets and multiple transdermal compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Gabapentin/Cyclobenzaprine/Baclofen/Lidocaine 15/10/2/5 Percent Cream 240 G: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Based on the above Flurbiprofen/Gabapentin/Cyclobenzaprine/Baclofen/Lidocaine 15/10/2/5 Percent Cream 240 G is not medically necessary.

Gabapentin/Ketoprofen/Cyclobenzaprine/Capsaicin/Menthol/Camphor 10/10/4/.0375/2/2 Percent 240 G: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Based on the above Gabapentin/Ketoprofen/Cyclobenzaprine/Capsaicin/Menthol/Camphor 10/10/4/.0375/2/2 Percent 240 G is not medically necessary.