

Case Number:	CM15-0017719		
Date Assigned:	02/05/2015	Date of Injury:	07/07/2013
Decision Date:	04/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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 56 year old male, who sustained an industrial injury on 07/07/2013. He has reported subsequent bilateral shoulder pain and was diagnosed with right shoulder impingement syndrome with probable proximal biceps tenosynovitis and left shoulder impingement syndrome with acromioclavicular joint arthrosis. Treatment to date has included oral and injectable pain medication, physical therapy and a home exercise program. In a progress note dated 08/28/2014, the injured worker complained of continued right shoulder pain. Objective findings were notable for mild acromioclavicular joint tenderness of the right shoulder. A request for authorization of Gabapentin/Lidocaine/Baclofen/Flurbiprofen/Acetyl-L Carnitine cream was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication (Gabapentin 10%/ Lidocaine 5% 180mg/ Baclofen 2%/ Flurbiprofen 3%/ Acetyl-L Carnitine (sp) 15% 180gm): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 12/30/14 Utilization Review letter states the Gabapentin 10%, Lidocaine 5% 180mg; baclofen 2%, flurbiprofen 3%, acetyl-L carnitine(sp) 15% 180 mg. medication has been denied. There was no rationale provided on the 12/31/14 letter, but there is an undated peer review report that shows the medication from the 12/18/14 RFA and 12/18/14 medical report was denied because it is a compounded topical product that contains components that are not recommended, and therefore the whole product was not recommended. The 12/18/14 RFA and medical report was not available for this review. According to the 1/12/15 initial orthopedic report, the patient presents with neck, back and bilateral shoulder complaints. The report does not discuss the topical medications. Medical reports dated 11/5/14, 8/28/14, 7/29/14 were reviewed for discussion of the topical compound in question, but unfortunately the medication is not mentioned on any of the reports provided for this review. The request appears to be two compounded topical medications, one with gabapentin and lidocaine; the other with baclofen, flurbiprofen and acetyl-L carnitine. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS has some support for Lidoderm patches, but states "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain" therefore, the whole compound that contains the Lidocaine cream is not recommended. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" for baclofen states it is not recommended. Therefore, the whole compounded product that contains baclofen is not recommended. The both of the compounded topicals requested in this review would not be recommended per MTUS guidelines. The request for "Gabapentin 10%, Lidocaine 5% 180mg; baclofen 2%, flurbiprofen 3%, acetyl-L carnitine(sp) 15% 180 mg." IS NOT medically necessary.