

Case Number:	CM15-0018034		
Date Assigned:	02/05/2015	Date of Injury:	12/09/2013
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old female, who sustained an industrial injury on 12/9/13. The injured worker has complaints of neck, left shoulder, left forearm and wrists pain. Left forearm and wrists-hands have numbness/tingling, pin/needles sensation. The diagnoses have included cervical signs and symptoms and left shoulder impingent syndrome; thoracic pain; left rotator cuff tear and left shoulder tenosynovitis. According to the utilization review performed on 1/23/15, the requested Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base-30 day supply 180 grams and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base 30 day supply 180 grams has been non-certified. CA MTUS 9792.242, Chronic Pain Medical Treatment Guidelines, CA Code of Regulations, Title 8, Effective July 18, 2009 were used in the utilization review.

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-30 day supply 180 grams:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127..

Decision rationale: Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. MTUS states that gabapentin is not indicated.

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base 30 day supply 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include baclofen and dexamethasone. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for topical flurbiprofen/Baclofen/dexamethasone is not medically necessary.