

Case Number:	CM15-0130240		
Date Assigned:	07/16/2015	Date of Injury:	06/06/2014
Decision Date:	08/12/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/06/2015

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 56-year-old female who sustained an industrial injury on 6/6/2014 resulting in pain to the upper left shoulder, upper arm, elbow, and neck. She was diagnosed with left shoulder impingement, cervical disc herniation and radiculopathy; and left elbow tendonitis. Treatment has included physical therapy reported to show functional improvement; home exercise; acupuncture which helped with pain temporarily; shoulder steroid injection which did not reduce pain; and, left shoulder arthroscopic surgery 3/20/2015. The injured worker continues to report pain and reduced range of motion to the left shoulder, elbow, and neck, which impair activities of daily living. The treating physician's plan of care includes Topical compounds: Lidocaine, Gabapentin, Ketoprofen 180 gram, quantity 3; and, Flurbiprofen, Cyclobenzaprine, Baclofen, Lidocaine 180 gram, quantity 3. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180 g Qty 3: 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.

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. There 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 Gabapentin or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain management. Gabapentin, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180 g Qty 3 is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 gm Qty 3:
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.

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. There 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 management. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 gm Qty 310%, 180 g Qty 3 is not medically necessary.