

Case Number:	CM15-0130446		
Date Assigned:	07/16/2015	Date of Injury:	09/15/2010
Decision Date:	08/12/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial injury on September 15, 2010. Treatment to date has included carpal tunnel release of the right wrist, medications, topical compounded medications, and activity modifications. Currently, the injured worker complains of sharp bilateral shoulder pain with radiation of pain to the bilateral lower extremities. She rates her bilateral shoulder pain a 7 on a 10-point scale and describes the pain as constant, moderate-to-severe pain. She reports that she continues to feel pain at the right wrist and thumb and notes that this pain is constant, moderate to severe, sharp and stabbing. She rates her right wrist pain a 6 on a 10-point scale. On physical examination the injured worker has tenderness to palpation at the supraspinatus insertion site and the levator scapula. She has tenderness to palpation at the rhomboids and the acromioclavicular joint with associated trigger point. Her bilateral shoulder range of motion is limited and she has bilateral Neer's impingement signs. The diagnoses associated with the request include right shoulder joint derangement, bilateral shoulder pain and status post right carpal tunnel release with residual pain. The treatment plan includes topical compounded medications, orthopaedic surgical evaluation for the right shoulder and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm: 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.

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical agents are recommended and any compound including non recommend agents is not supported. The Guidelines specifically state that topical muscle relaxants (Cyclobenzaprine) and topical Gabapentin are not Guideline supported. There are no unusual circumstances to justify an exception to Guidelines. The compounded 1 prescription Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm is not supported by Guidelines and is not medically necessary.

1 prescription Capsaicin .025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm: 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.

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical agents are recommended and any compound including non recommend agents is not supported. The Guidelines specifically state that topical Flurbiprofen and topical Gabapentin are not Guideline supported. There are no unusual circumstances to justify an exception to Guidelines. The compounded 1 prescription Capsaicin .025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm is not supported by Guidelines and is not medically necessary.