

Case Number:	CM15-0185023		
Date Assigned:	10/01/2015	Date of Injury:	11/05/2012
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on November 05, 2012. Recent primary follow up dated August 07, 2015 reported subjective complaint of: "constant severe, achy, burning neck pain radiating to lower back with muscle spasms;" "constant, achy, right shoulder pain radiating to fingers with numbness and tingling;" "moderate left shoulder pain;" "constant, achy, throbbing, burning, right forearm pain and tingling radiating to hand with numbness;" "moderate right wrist pain;" "constant, severe, achy, burning right hand pain, numbness and tingling radiating to fingers with numbness and tingling;" "right knee pain;" "left knee pain." A primary treating office visit dated March 16, 2015 reported subjective complaint of: "constant right shoulder pain with burning radiates to upper neck and downright extremity with numbness and swelling", "neck and low back pain." Objective assessment found "tenderness, decreased range of motion, decreased strength, and sensory deficit." The following diagnoses were applied to this visit: status post right shoulder symptoms with adhesive capsulitis and ankylosis; cervical spine signs and symptoms, and lumbar spine signs and symptoms. There is note of pending authorization to undergo MRI and for LidoPro ointment. The following diagnoses were applied to this visit: cervical myospasm; cervical sprain and strain; right shoulder myofascitis; right shoulder sprain and strain; status post-surgery, right shoulder, left shoulder myofascitis; right forearm strain; right wrist myofascitis; right hand; right knee sprain and strain, and left knee sprain and strain. The plan of care is with recommendation for: continued request for functional capacity evaluation; continued request for DME TENS unit and hot and cold unit; requesting MRI of cervical spine, bilateral shoulders and bilateral knees; referred for both

chiropractic and physical therapy; prescribed two transdermal creams and obtain urine toxicology. On August 26, 2015 a request was made for transdermal topical compound cream that was noncertified by Utilization Review on September 04, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream to include Gabapentin 10%, Cyclobenzaprine 6% and Tramadol 10% 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. Muscle relaxers, such as cyclobenzaprine, are not recommended in MTUS. As such, the request for Gabapentin/Cyclobenzaprine/Tramadol is not medically necessary and the original UR decision is upheld.