

<b>Case Number:</b>	CM15-0191486		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 42 year old male, who sustained an industrial injury on 11-13-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, high blood pressure, insomnia, cervical disc syndrome, lumbar disc syndrome, cervical and lumbar spine pain, and internal derangement of both shoulders. Medical records (04-17-2015 to) indicate ongoing neck, low back and bilateral shoulder pain with occasional numbness, tingling, and weakness. Pain levels were not mentioned. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 06-17-2015, revealed tenderness to palpation of the cervical and lumbar spines, tenderness over both shoulders, limited range of motion in the cervical and lumbar spines, muscles spasms in both shoulder, and trigger points in the cervical and lumbar spine muscles, and both shoulders. Relevant treatments have included physical therapy (PT), acupuncture, chiropractic treatments, work restrictions, and pain medications (not specified). The request for authorization was not available for review; however, the utilization review letter (09-12-2015) states that the following medications were requested: a retrospective request for amitriptyline, gabapentin, bupivacaine, purified water, hyaluronic acid, methylparaben and propylparaben (DOS: 07/14/15), and a retrospective request for flurbiprofen, baclofen, purified water, hyaluronic acid, dexamethasone, methylparaben and propylparaben (DOS: 07/14/15). The original utilization review (09-10-2015) non-certified the retrospective requests for amitriptyline, gabapentin, bupivacaine, purified water, hyaluronic acid, methylparaben and propylparaben (DOS: 07/14/15), and flurbiprofen, baclofen, purified water, hyaluronic acid, dexamethasone, methylparaben and propylparaben (DOS: 07/14/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Amitriptyline/ Gabapentin/ Bupivacaine/ Purified Water/ Hyaluronic Acid/ Methylparaben/ Propylparaben, DOS: 07/14/15: 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:** The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.

**Retrospective request for Flurbiprofen/ Baclofen/ Purified Water/ Hyaluronic Acid/ Dexamethasone/ Methylparaben/ Propylparaben, DOS: 07/14/15: 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:** The medical records provided for review indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.