

Case Number:	CM15-0194736		
Date Assigned:	10/08/2015	Date of Injury:	12/05/2014
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
 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 56 year old male who sustained an industrial injury on 12-5-14. The medical records indicate that he is being treated for a traumatic brain injury with an interventricular hemorrhage; cognitive impairment; bilateral shoulder injuries with severe adhesive capsulitis; subacute thoracic and lumbar injury with spasticity and guarding. He currently (9-10-15) complains of continued low back pain and bilateral shoulder pain. His pain level was 8 out of 10. On physical exam of the low back there was radicular pain down the bilateral lower extremities with muscle spasms and guarding on palpation, decreased range of motion; shoulder revealed decreased range of motion, tenderness to posterior labral area and impingement findings. He is wheelchair bound and needs assistance in all aspects of activities of daily living (per 6-9-15 note). His physical exam and pain levels were unchanged from 5-15-15 through 9-10-15. He has had an MRI of the right shoulder (3-24-15) showing tendinosis, osteoarthritis. He use Tramadol, Meloxicam, Cyclobenzaprine and he was started on Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthelol 0.5% grams; Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 10 grams in cream base per the 9-10-15 note; physical therapy. The request for authorization dated 9-10-15 was for Flurbiprofen 20%, Baclofen 10%, dexamethasone 2%, Panthelol 0.5% grams; Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 10 grams in cream base. On 9-22-15 Utilization Review non-certified the requests for Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, Panthelol 0.5% grams; Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 10 grams in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthelol 0.5%, 20gm in cream base:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no scientific research to support the use of most of these agents. Further any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compounded product contains the muscle relaxant Baclofen, which is not recommended for topical use. Topical NSAIDs, such as Flurbiprofen is not recommended by osteoarthritis/tendinitis of the hips, spine or shoulders. This patient has chronic low back and shoulder pain. Panthelol is not addressed regarding its topical use. Therefore based on the above, the request is not medically necessary or appropriate.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%, 210gm in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to support their use. There is little to no research to support the use of many of these agents. Further, compounded products that contain at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline (an antidepressant) and Gabapentin (an anticonvulsant) are both specifically not recommended for topical use. Therefore the request is not medically necessary or appropriate.