

Case Number:	CM15-0199404		
Date Assigned:	10/14/2015	Date of Injury:	10/30/2014
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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 27 year old male, who sustained an industrial injury on 10-30-14. The injured worker was diagnosed as having cervical sprain-strain; right shoulder sprain-strain. Treatment to date has included Status post right shoulder surgery (7-9-15); physical therapy; medications. Currently, the PR-2 notes dated 8-19-15 indicated the injured worker complains of constant sharp pain and weakness in the right shoulder, right upper extremities and cervical spine. He is a status post right shoulder surgery on 7-9-15 and is currently awaiting approval for 6 more physical therapy sessions. The provider notes he is currently prescribed: Tramadol 50mg, Doxycycline 100mg and Hydroxyzine 25mg. The provider documents, The patient complains of intermittent severe to 8 out of 10 dull, achy, sharp, stabbing neck pain radiating to right upper extremities associated with cold weather, repetitive movement and lifting 5 pounds. The patient complains of constant moderate to 5 out of 10 dull, achy, throbbing, burning right shoulder pain and heaviness becoming dull, achy, throbbing severe pain radiating to right upper extremities with weakness with cold weather, sudden or repetitive movement, lifting 5 pounds, prolonged pushing, pulling repetitively and prolonged squatting. Relief from medication, massage, and physical therapy. The provider completes a physical examination of the cervical and right shoulder area noting no bruising, swelling, atrophy or lesions. He notes tenderness to palpation of the anterior shoulder with limited range of motion. The provider is requesting all medical records since his date of injury, a Functional Capacity Evaluation, TENS unit and cold-hot unit, x-rays for cervical spine, acupuncture and physical therapy, Tramadol 50mg #30 and transdermal creams. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-9-

15 and non-certification for Gabapentin 10%, Cyclobenzaprine 6% 240gms #1 and Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240gms #1. A request for authorization has been received for Gabapentin 10%, Cyclobenzaprine 6% 240gms #1 and Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240gms #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 6% 240gms #1: Upheld

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

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 studies to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and Cyclobenzaprine are both specifically not recommended for topical use. Therefore, the request is not medically necessary or appropriate.

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240gms #1: Upheld

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

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 studies to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only approved in the formulation of a Lidoderm patch. Amitriptyline is not approved for topical use. Therefore, the request is not medically necessary or appropriate.