

Case Number:	CM15-0205104		
Date Assigned:	10/22/2015	Date of Injury:	05/22/2014
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 May 22, 2014, incurring neck, shoulder, low back, bilateral wrists and bilateral elbows. She was diagnosed with cervical disc disease and herniation, cervical radiculopathy, bilateral shoulder sprain and impingement, bilateral elbow strain, thoracic sprain, and lumbar sprain, herniation and radiculopathy. Treatment included physical therapy, acupuncture, shockwave treatments, pain medications, sleep aides, topical analgesic creams, muscle relaxants, neuropathic medications, and activity restrictions. Currently, the injured worker complained of persistent headaches radiating into the upper extremities, neck pain, bilateral shoulder pain and back pain, and bilateral lower extremities. She developed stress, anxiety, insomnia and depression secondary to the chronic pain. She noted physical limitations, inability to work and difficulty sleeping. The continued pain interfered with her activities of daily living. The treatment plan that was requested for authorization included two prescriptions for topical compound creams retrospectively given on ate of service of April 3, 2015. On October 13, 2015, a request for two prescriptions of topical compound creams were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 2%, Flurbiprofen 25% 180 gms with a dos of 4/3/2015:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. Moreover, MTUS specifically does not recommend use of Cyclobenzaprine in topical form. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

Retrospective Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, camphor 2% 180 gms with a dos of 4/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. Moreover, MTUS specifically does not recommend the use of Gabapentin for topical use. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.