

Case Number:	CM15-0207208		
Date Assigned:	10/26/2015	Date of Injury:	03/15/2015
Decision Date:	12/07/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial injury on 3-15-2015. The injured worker was being treated for right elbow mild lateral epicondylitis and lumbar sprain-strain. Treatment to date has included diagnostics, physical therapy, and medications. On 7-24-2015, the injured worker was seen regarding her neck and upper back. She reported doing 3 of 12 physical therapy sessions for her elbow and back. Pain and-or symptoms were not described. Function with activities of daily living was not described. Current medication regimen was not noted. The use of oral anti-inflammatory medication was noted in the progress report dated 5-27-2015, along with dispensing of transdermal compound cream. Objective findings included stiffness and spasm of the back, some burning in the left buttock, tenderness about the elbow and in the lateral epicondylar area, and tenderness about the shoulder, with mildly positive impingement. Her work status was modified, total temporary disability if unavailable. On 9-22-2015 Utilization Review non-certified the retrospective Baclofen, Cyclobenzaprine, Gabapentin, Flurbiprofen, Lidocaine with a dos of 8/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Baclofen, Cyclobenzaprine, Gabapentin, Flurbiprofen, Lidocaine with a dos of 8/19/2015: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines the use of topical Baclofen is "not recommended. There is no peer-reviewed literature to support the use of topical Baclofen." According to CA MTUS guidelines the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.