

Case Number:	CM15-0208301		
Date Assigned:	10/27/2015	Date of Injury:	03/27/2009
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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 38 year old male, who sustained cumulative industrial trauma injuries from 03-27-2008-03-27-2009. A review of the medical records indicates that the worker is undergoing treatment for cervical discopathy, rule out internal derangement of the right shoulder, elbow and knee and status post right elbow dislocation. The only medical documentation submitted is a doctor's first report of illness or injury dated 07-02-2015 and a primary treating physician's progress report dated 07-16-2015. During the 07-02-2015 report the worker reported neck, right knee, right elbow and right shoulder pain. No objective examination findings were documented. The plan of care included physical therapy for the cervical spine and MRI of the cervical spine, right shoulder and right elbow. Subjective complaints on 07-16-2015 included frequent neck, right shoulder, right elbow, bilateral wrists and hands and bilateral knee pain that was noted to range from 0 to 8. Objective findings on 07-16-2015 revealed tenderness of the cervical spine, right elbow and right knee, cervical paravertebral spasms, limited range of motion of the cervical spine, pain with range of motion of the right shoulder, elbow and knee and crepitus of the right knee. Treatment rendered to date was not documented. A utilization review dated 09-28-2015 non-certified requests for Flurbiprofen 10%-Capsaicin (plain) 0.025%, #120 cream and Lidocaine 5%-Gabapentin 10% gel, #60. No documentation was submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10% / Capsaicin (plain) 0.025%, #120 cream: 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: The medical records provided for review do not 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. The request is not medically necessary.

Lidocaine 5% / Gabapentin 10% gel, #60: 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: The medical records provided for review do not 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. The request is not medically necessary.