MAXIMUS Federal Services

Case Number:	CM15-0022903		
Date Assigned:	02/12/2015	Date of Injury:	10/01/2008
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
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 38-year-old female who reported an injury on 10/01/2008 after a 50 to 60 pound box fell on her left shoulder. The injured worker was evaluated on 01/06/2015. Physical findings at that examination included restricted range of motion of the cervical spine and restricted range of motion of the thoracic and lumbar spine. The injured worker had a positive straight leg raising test bilaterally. The injured worker's diagnoses included unspecified musculoskeletal disorders referable to the neck, unspecified back disorder, anxiety state, cervical neuritis/radiculitis, lumbago, thoracic or lumbosacral neuritis or radiculitis, shoulder tenosynovitis. The injured worker's treatment plan included continuation of medications to include naproxen, Prilosec, and a topical analgesic. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5 %, quantity: 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Sawynok, J. (2014). Topical analgesics for neuropathic pain: Preclinical exploration, clinical validation, future development. European Journal of Pain, 18(4), 465-481.

Decision rationale: The requested gabapentin 10%, amitriptyline 10%, bupivacaine 5% quantity 210 gm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of gabapentin as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream or gel formulation as this medication is not FDA approved to treat neuropathic pain. Peer reviewed literature does not support the use of antidepressants in a topical formulation as there is little scientific evidence to support the efficacy and safety of this medication. California Medical Treatment Utilization Schedule does not recommend any medication that contains at least 1 drug or drug class that is not recommended. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment or applicable body part. As such, the requested gabapentin 10%, amitriptyline 10%, bupivacaine 5% is not medically necessary or appropriate.

Flurbiprofen 20%, Baclofen 10 %, Dexamethasone 2 %, quantity: 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wang, P. H., Tsai, C. L., Wu, K. C., Shao, C. J., Kuo, L. C., & Jou, I. (2015). Effects of Different Dosage of Dexamethasone on Behavioral, Electrophysiological, and Histomorphological Recovery in a Chronic Sciatic Nerve Compression Model. Pain Medicine.

Decision rationale: The requested flurbiprofen 20%, baclofen 10%, dexamethasone 2% quantity 210 gm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of topical nonsteroidal anti-inflammatory drugs unless the oral formulation of these medications is contraindicated to the patient or if the patient is intolerant of nonsteroidal anti-inflammatory drugs. The clinical documentation indicates that the injured worker is on an oral formulation of a nonsteroidal anti-inflammatory drug. Therefore, the use of a topical NSAID would not be supported. California Medical Treatment Utilization Schedule does not support the use of baclofen as there is little scientific evidence to support the efficacy and safety of this medication. Peer reviewed literature does support the use of dexamethasone as a topical analgesic for neuropathic pain. However, California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1drug or drug class that is not supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested flurbiprofen

20%, baclofen 10%, dexamethasone 2% quantity 210 gm is not medically necessary or appropriate.