

Case Number:	CM15-0023252		
Date Assigned:	02/12/2015	Date of Injury:	09/26/2006
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female, who sustained a work/ industrial injury on 9/26/06. She has reported symptoms of constant, moderate, dull, sharp neck pain that radiated to both arms and shoulders. This was aggravated with motion. There was also report of chest pain and shortness of breath. Prior medical history was not included in the documentation provided. The diagnoses have included cervicalgia, cervical radiculitis, and neuritis. Treatments to date included internal medicine consult for cough, pain management, conservative therapy, and medications. Examination noted decreased range of motion in the cervical spine in all planes. There was diminished grip strength in the dominant right hand compared to the left. A request was made for a topical compound and Tylenol #3 for pain management. On 1/8/15, Utilization Review non-certified a Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%; Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% 180gm; Tylenol #3, #90, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

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%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 111-112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The compounded medication requested is not recommended by the MTUS; therefore, it is not medically necessary. Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% 180gm is not medically necessary.

Tylenol #3, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Tylenol #3, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Tylenol #3, #90 is not medically necessary.