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| Case Number: | CM15-0024000 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 04/05/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 01/08/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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: 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 57 year old male with an industrial injury dated April 5, 2014. The injured worker diagnoses include left wrist sprain/strain, left shoulder sprain/strain, left shoulder impingement syndrome and left shoulder tendinitis. Treatment consisted of MRI of the left shoulder, MRI of the left wrist, prescribed medications, and periodic follow up visits. In the most recent progress note dated 7/21/2014, the injured worker reported pain in the left shoulder and left arm. Objective findings revealed diminished range of motion of left shoulder, weakness of grip strength of left hand, tenderness of left wrist over dorsum and restricted and painful range of motion. The treating physician prescribed Capsaicin/Gabapentin/Amitriptyline 180gm now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Gabapentin/Amitriptyline 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 Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his left shoulder and left upper extremity. The request is for Capsaicin/Gabapentin/Amitriptyline 180gm. Per 07/02/14 progress report, the patient is taking Naproxen, Pantoprazole and compound cream. The patient returns to modified work on 07/21/14. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Gabapentin or Amitriptyline as topical cream. Furthermore, the treater requested for compound without the indication of percentage. Given the lack of support for topical Gabapentin or topical Amitriptyline, the request is not medically necessary.