

Case Number:	CM15-0026391		
Date Assigned:	02/18/2015	Date of Injury:	08/06/2009
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49 year old female who sustained an industrial injury on 8/6/09. Currently she complains of dull, achy cervical pain with radiation to bilateral lower extremities and associated headache; dull, achy low back pain with numbness and radiation to bilateral lower extremities, left more than right with pain intensity for both cervical and lumbar pain 4-5/10 with medications and 8-9/10 without medications. She has sleep difficulties due to pain. Medications include naproxen, omeprazole, cyclobenzaprine and alprazolam. Diagnoses include cervical radiculopathy; cervical strain; lumbar sprain and radiculopathy; and insomnia. Treatments and diagnostics to date were not available. In the progress note dated 12/12/14 the treating provider prescribed hydrocodone, 240GMS of Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, camphor 2%, capsaicin 0.025% and 240 GMS of gabapentin,10%, amitriptyline 10%, bupivacaine 5%, physical therapy, acupuncture and cervical and lumbar MRI. On 1/14/15 Utilization review non-certified the requests for 240GMS of Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, camphor 2%, capsaicin 0.025% and 240 GMS of gabapentin,10%, amitriptyline 10%, bupivacaine 5% and there were no citing's in UR available.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gms Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 49 year old female has complained of neck pain and low back pain since date of injury 8/8/2009. She has been treated with medicaitons. The current request is for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.025%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.025%. is not indicated as medically necessary.

240gms Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 49 year old female has complained of neck pain and low back pain since date of injury 8/8/2009. She has been treated with medicaitons. The current request is for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% is not indicated as medically necessary.