

Case Number:	CM15-0029835		
Date Assigned:	02/23/2015	Date of Injury:	12/19/2012
Decision Date:	05/01/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/18/2015

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 53-year-old male who reported an injury on 12/19/2012. The mechanism of injury occurred while cranking landing gear. His diagnoses included right shoulder full thickness tear of the distal supraspinatus tendon, lumbar spine disc bulges at the L4-S1, anxiety, stress, and depression. His past treatments included medications and chiropractic care. On 12/04/2014, the injured worker complained of shoulder pain rated 6/10 to 7/10, neck pain rated 7/10, low back pain rated 6/10, and difficulty falling asleep due to pain. The treatment plan included a urine drug screen, orthopedic surgery consultation, and initiation of topical creams for the treatment of sequelae arising out of the injured worker's industrial injuries. The Request for Authorization form was submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panthenol/Dexamthasone/Baclofen/Flurbiprofen cream and DOS: 12/08/14: 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 analgesic Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound contains NSAIDs, which is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that is amenable to topical treatment and is recommended for short-term use 4-12 weeks. Furthermore, there is no evidence for use of any other muscle relaxant as a topical product. The injured worker was prescribed a topical cream on 12/08/2014. However, there was lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, there was lack of documentation to indicate the injured worker has arthritis to utilize the topical formulation of NSAIDs. In addition, the request contains 1 compounded drug or drug class that is not recommended; therefore, the request in its entirety is not supported by the evidence based guidelines. Moreover, the request as submitted failed to specify a frequency, dosage, quantity, and body part for topical treatment. As such, the request is not medically necessary.

Panthenol/Bubivacaine/Gabapentin/Amitriptyline Cream DOS: 12/08/2014: 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 analgesic Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, gabapentin and amitriptyline are not recommended by the guidelines due to lack of evidence to support its use in a cream. The injured worker was prescribed a topical cream on 12/08/2014. However, there was a lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, the compound contains 2 drugs or drug classes that are not recommended to be utilized as a topical cream. Moreover, the request as submitted failed to specify a frequency, dosage, quantity, and body part for topical treatment. In addition, the request contains 1 compounded drug or drug class that is not recommended; therefore, the request in its entirety is not supported by the evidence based guidelines. As such, the request is not medically necessary.