

Case Number:	CM15-0210465		
Date Assigned:	10/29/2015	Date of Injury:	07/01/2015
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/26/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old female injured worker suffered an industrial injury on 7-1-2015. The diagnoses included contusion of the elbow and hip, hand sprain, hip strain, ankle sprain, cervical strain, wrist sprain and shoulder strain. On 7-23-2015, the provider reported she reported daily headaches on the right side of the head associated with nausea rated 5 out of 10. The neck pain was continuous that radiated into the right upper extremities and rated 3 to 5 out of 10. The right shoulder pain was continuous rated 5 to 8 out of 10. The right elbow pain was continuous rated 5 to 8 out of 10. The right hand-wrist pain was continuous with numbness, tingling and weakness with pain rated 5 to 8 out of 10. The middle and lower back pain radiated to the right lower extremity with numbness. The pain was rated 3 to 8 out of 10. The right foot-ankle pain was continuous rated 3 to 5 out of 10. On exam, the cervical spine was tender with spasms and restricted range of motion. The thoracic and lumbar spine was tender with spasms along with reduced range of motion. The JAMAR revealed reduced grip strength on the right upper extremities with positive impingement signs along with crepitus. Medications in use on 7-23-2015 were Nabumetone, omeprazole and Cyclobenzaprine and topical compounds. Prior treatments included physical therapy and medication. The documentation provided did not include evidence of pain levels with medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Utilization Review on 9-29-2015 determined non-certification for Retrospective request for Gabapentin-Dextromethorphan-Amitriptyline-Panthenol; Flurbiprofen-Cyclobenzaprine-Panthenol powder, date of service 8-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin/Dextromethorphan/Amitriptyline/Panthenol; Flurbiprofen/Cyclobenzaprine/Panthenol powder, date of service 8/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines, the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." According to CA MTUS guidelines "there is no evidence for use of any other muscle relaxant as a topical product." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.