

Case Number:	CM15-0215389		
Date Assigned:	11/05/2015	Date of Injury:	08/14/2015
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/02/2015

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: Pennsylvania, Ohio, 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 34 year old female, who sustained an industrial injury on 08-14-2015. She has reported injury to the neck, shoulders, and low back. The diagnoses have included cervical sprain-strain; rotator cuff syndrome; lumbar disc herniation without myelopathy; and lumbar sprain-strain. Treatment to date has included medications and diagnostics. A progress report from the treating provider, dated 09-25-2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck, both shoulders, mid back, and low back; and there is numbness, tingling, and weakness in the left leg. Objective findings included tenderness to the bilateral posterior cervical spine and bilateral trapezius muscles; range of motion is painful; tenderness to the bilateral shoulders at the acromioclavicular joint, posterior, and superior area; muscle spasm to the bilateral deltoids; tenderness bilaterally to the lumbar spine; positive Kemp's test bilaterally; positive straight leg raise test on the left; and pain with lumbar range of motion. The treatment plan has included the request for HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base, 240 grams; and HNPC1 - Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base, quantity 240 grams. The original utilization review, dated 10-13-2015, non-certified the request for HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base, 240 grams; and HNPC1 - Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base, quantity 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base, 240 grams: 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: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, MTUS specifically does not recommend Baclofen for topical use. This request is not medically necessary.

HNPC1: Amitriptyline 10%, Gabapentin 10%. Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base, Qty 240 gm: 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: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients moreover, MTUS specifically does not recommend Gabapentin for topical use. This request is not medically necessary.