

Case Number:	CM15-0031640		
Date Assigned:	02/25/2015	Date of Injury:	03/24/2011
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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, Pain Management

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 33 year old male, who sustained an industrial injury reported on 3/24/2011. He has reported a painful left shoulder. The diagnoses were noted to have included post-surgical status - other; carpal tunnel syndrome. Treatments to date have included consultations; diagnostic imaging studies; several procedures; cortisone injection therapy; a left wrist brace; and medication management. The work status classification for this injured worker (IW) was noted to be to remain off work until 12/24/2014 versus 2015, as per the 12/24/2014 PR-2. The agreed medical examiners report of 12/15/2014 notes temporary work restrictions. On 1/20/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/31/2014, for flut/Levo/Pento/Pril/Gaba 1/2/5/3/15% in Pracasil Plus cream 240gm. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical analgesics, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flut/Levo/Pento/Pril/Gaba 1/2 .5/3/15 percent in Pracasil Plus Cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flut/Levo/Pento/Pril/Gaba 1/2 .5/3/15 percent in Pracasil Plus Cream 240gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Flut/Levo/Pento/Pril/Gaba 1/2 .5/3/15 percent in Pracasil Plus Cream 240gm is not medically necessary.