

Case Number:	CM15-0032576		
Date Assigned:	02/26/2015	Date of Injury:	10/07/2013
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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 49-year-old female who sustained a work related injury to her left shoulder, left arm, left hand, cheek and chin on October 7, 2013 as a furniture stuffer while trying to pull material from a machine. The injured worker was diagnosed with cervical sprain/strain, left shoulder sprain/strain, left lateral epicondylitis, carpal tunnel syndrome and headaches. According to the treating physician's report on November 24, 2014 the evaluation noted multiple areas were examined. There was tenderness to the injured worker's temporomandibular joint, bilateral trapezius muscle tenderness with spasm, positive impingement test of the left shoulder, tenderness to palpation of the flexor/extensor tendons of the left wrist with positive Phalen's and decreased median nerve sensation bilaterally and medial and lateral joint epicondylitis with tenderness to palpation of the ulnar groove and increased ulnar nerve sensation. On December 11, 2014, the injured worker continued to experience pain in the left jaw, left elbow, left wrist and neck area. Current medications are listed as Naproxen, Cyclobenzaprine, Tramadol, Diazepam and Pantoprazole. Current treatment modalities were not noted. The treating physician requested authorization for Gabapentin 10% Amitriptyline 10%, Bupivacaine 5% in cream base 210gm and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 210gm. On February 9, 2015 the Utilization Review denied certification for Gabapentin 10% Amitriptyline 10%, Bupivacaine 5% in cream base 210gm and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 210gm. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Amitriptyline 10%, Bupivacaine 5% in cream base 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her neck and left shoulder. The request is for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 210gm. MTUS guidelines do not recommend Gabapentin or Amitriptyline as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical Gabapentin or topical Amitriptyline, the request IS NOT medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, CAMPHOR 2%, Capsaicin 0.025% in cream base 210gm. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Baclofen as topical cream. Given the lack of support for topical Baclofen, the request IS NOT medically necessary.