

Case Number:	CM15-0041148		
Date Assigned:	03/11/2015	Date of Injury:	08/23/2013
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 8/23/2013. She reported lifting a heavy pot and feeling pain in the shoulder and back. The injured worker was diagnosed as having lumbago, lumbosacral radiculitis and shoulder impingement syndrome-status post-surgical repair. Treatment to date has included magnetic resonance imaging, surgery, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/14/2015 indicates the injured worker reported constant low back pain that radiated to the bilateral lower extremities and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications: Compounded topical Flurbiprofen 20%, Baclofen 10%, and Dexamethasone 2% and Gabapentin 10%, Amitriptyline 10% and Bupivacaine 5% creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.