

Case Number:	CM15-0041996		
Date Assigned:	03/12/2015	Date of Injury:	09/22/2008
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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: Preventive Medicine, Occupational Medicine

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 53-year-old male, with a reported date of injury of 09/22/2006. The diagnoses include displacement of cervical intervertebral disc without myelopathy, bilateral ulnar nerve injury, bilateral carpal tunnel syndrome, bilateral De Quervain's disease, displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis or radiculitis, status post bilateral knee replacement, abnormality of gait, and left rib pain. Treatments to date have included oral medications, topical pain medications, an MRI of the left ribs, bilateral knee replacement, left knee revision, and a cane. The progress report dated 01/12/2015 indicates that the injured worker complained of frequent, mild to moderate pain in the cervical spine, rated 4 out of 10; frequent, mild to moderate pain in the bilateral shoulders and elbows, rated 7 out of 10; frequent, mild to moderate pain in the lumbar spine, rated 7 out of 10, and frequent, mild to moderate pain in the bilateral knees, rated 5-6 out of 10. The objective findings included no tenderness of the bilateral elbows, normal bilateral elbow range of motion, no tenderness of the bilateral hand/fingers with normal range of motion, decreased lumbar range of motion, tenderness of the right medial joint line and lateral joint line, and decreased right knee range of motion. The treating physician requested Flurbiprofen 15%, Gabapentin 10%, Cyclobenzaprine 4%, Tetracaine 5%, Loperamide 5%, Hyaluronic acid 0.20% 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15% Gabapentin 10% Cyclobenzaprine 4% Tetracine 5% Loperamide 5% Hyaluronic Acid 0.20% 300gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Flurbiprofen 15% Gabapentin 10% Cyclobenzaprine 4% Tetracine 5% Loperamide 5% Hyaluronic Acid 0.20% 300gram is not medically necessary.