

Case Number:	CM15-0042138		
Date Assigned:	03/12/2015	Date of Injury:	03/21/2014
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
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, Hawaii
 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 57 year old male, who sustained an industrial injury on 3/21/2014. He reported lifting a car door and feeling a sharp pull across his neck, into his right shoulder and right elbow. The injured worker was diagnosed as having sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included conservative measures, including medications, chiropractic, and physical therapy. Magnetic resonance imaging reports of the cervical spine, right shoulder, and right elbow were submitted. Currently, the injured worker complains of constant right shoulder, right elbow, and neck pain. The injured worker requested medications. Objective findings included limited and painful range of motion and positive orthopedic evaluation to the cervical spine and right upper extremity, unspecified. A refill of transdermal medications was requested. Oral medication use was not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5% 30gm (30 day supply): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, and right elbow. The current request is for Flurbiprofen, Lidocaine 5% 30gm (30 day supply). The requesting treating physician report dated 1/27/15 (90B) does not provide a rationale for the current request. Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines states the following regarding topical lidocaine, "in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, the MTUS guidelines do not recommend the use of Lidoderm in a cream formulation, as outlined on page 112. Furthermore, since Lidoderm is not recommended, the entire compounded product is not supported. Recommendation is not medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 30gm (30 day supply): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the neck, right shoulder, and right elbow. The current request is for Gabapentin 10%, Amitriptyline 5%, Capsacin 0.025% 30gm (30 day supply). The requesting treating physician report dated 1/27/15 (90B) does not provide a rationale for the current request. Regarding compounded topical analgesics MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. Recommendation is not medically necessary.