MAXIMUS Federal Services

Case Number:	CM15-0042258		
Date Assigned:	03/12/2015	Date of Injury:	08/26/1999
Decision Date:	04/15/2015	UR Denial Date:	03/02/2015
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: 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 62 year old, male patient, who sustained an industrial injury on 08/26/1999. A primary treating office visit dated 01/15/2015, reported the patient not currently working. The patient is with subjective complaint of continuous neck pain that radiates into the bilateral upper extremities. The pain increases when turning head from side to side, flexing and extending the head and neck; reaching or lifting and with prolonged sitting and standing. The pain is rated a 6-7 out of 10 in intensity. In addition, he has complaint of middle back pain and intermittent left hip pain. Of note, the patient did have prior low back injury in 1992 of which he received physical therapy and underwent lumbar spine surgery with full recovery. The following diagnoses are applied; cervical myospasm, cervical radiculopathy and left hip internal derangement. The plan of care involved requesting magnetic resonance imaging of cervical spine, left hip. The following medication was prescribed Norco 10/325mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NPC1; Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, Cream Base 210ng Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-topical analgesics-Gabapentin.

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 Gabapentin is not recommended due to lack of evidence. Since the compound above topical Gabapentin, the compound in question is not medically necessary.

MPHCCI1; Flurbiprofen 20%, Baclofen 5%, Dexameth 2%, Menthol 2%, Capior 2%, Capsaicin 0.025% 210gm Qty 1.00: Upheld

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

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 / anti-spasmodics such as Baclofen are not recommended due to lack of evidence. Since the compound above contains this, the compound in question is not medically necessary.