

Case Number:	CM15-0044023		
Date Assigned:	03/13/2015	Date of Injury:	01/12/2001
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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 (IW) is a 55 year old female who sustained an industrial injury on 01/12/2001. She reported left shoulder pain radiating into the arm and fingers. The injured worker was diagnosed as having left reflex sympathetic dystrophy. Treatment to date has included oral pain medications of Oxycodone, Lyrica, and Topamax that gave a 50% relief of pain. A compounded topical analgesic cream was also used. The worker states that Lyrica helps with the numbness and tingling, Oxycodone helps with the pain, and Topamax helps with the migraines she gets. The medications allow her to take care of her activities of daily living. Currently, the injured worker complains of pain in the left shoulder radiating into the arm and fingers that was described as constant, sharp and burning in nature, rated a 10/10. The pain is increased with cold and movement. Treatment plans include giving refills of the above medications, and a compounded cream was added to her medications to be applied to the affected area to improve pain and minimize narcotic usage. Request for authorization was made for flurbiprofen/gabapentin/licocaine/baclofine/clonidine (unknown length of need and amount) with a retrospective date pf service 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 1-6-15) flurbiprofen/gabapentin/licocaine/baclofine/clonidine (unknown length of need and amount): 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with shoulder pain radiating to upper extremity rated at 10/10 without and 4-5/10 with medications. The request is for RETROSPECTIVE (DOS 1-6-15) FLURBIPROFEN / GABAPENTIN / LIDOCAINE / BACLOFEN / CLONIDINE (UNKNOWN LENGTH OF NEED AND AMOUNT). The request for authorization is not provided. Range of motion of the left shoulder is severely decreased. Patient states that she feels numbness and tingling from her fingers up to her arm. Patient states that anything cold, exercise and movement makes her pain worse. Patient states that using her PERM SCS, resting and taking her pain medication makes her pain better. Patient's medications include Lyrica, Oxycodone, Topamax, Percocet and Omeprazole. Patient states that with taking these medications she is able to clean furniture, wash dishes, make her bed and take care of herself. The patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated, 01/05/15, treater's reason for the request is "Will add compounded cream to effected area to improve pain and minimize narcotic usage." However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Baclofen, which are not supported for topical use in lotion form. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Finally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request IS NOT medically necessary.