

Case Number:	CM15-0046837		
Date Assigned:	03/19/2015	Date of Injury:	06/05/2008
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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 52-year-old male who sustained an industrial injury on 06/05/2008. He reported upper back, neck, and right shoulder pain with additional complaint of low back pain and sexual dysfunction. The injured worker was diagnosed as having right biceps tendonitis, SLAP (Superior Labrum Anterior and Posterior) tear right shoulder, and cervical radiculopathy. Treatment to date has included diagnostic MRI, a magnet resonance arthrogram of the right shoulder, an evaluation for nocturnal obstructive airway, and monitoring of urine drug screens. The worker is taking Vicodin and Naprosyn with recent addition of topical pain medications. Currently, the injured worker complains of pain in the upper back and right shoulder. Retroactive requests for authorization were made for Flurbiprofen/Lidocaine/Amitriptyline, and Gabapentin/Cyclobenzaprine/Tramadol, both with a date of service 12/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen/Lidocaine/Amitriptyline, DOS: 12/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain in the neck, upper back, and right shoulder. The request is for RETRO FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE, DOS: 12/31/14. The RFA is not provided. Patient's diagnosis included right biceps tendonitis, SLAP (Superior Labrum Anterior and Posterior) tear right shoulder, and cervical radiculopathy. Patient is temporarily totally disabled. MTUS has some support for Lidoderm patches, but states "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion or cream form. Therefore, the request IS NOT medically necessary.

Retro Gabapentin/Cyclobenzaprine/Tramadol, DOS: 12/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain in the neck, upper back, and right shoulder. The request is for RETRO GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL, DOS: 12/31/14. The RFA is not provided. Patient's diagnosis included right biceps tendonitis, SLAP (Superior Labrum Anterior and Posterior) tear right shoulder, and cervical radiculopathy. Patient is temporarily totally disabled. 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." In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. MTUS states that if one of the compounded topical products is not recommended, then the entire product is not. Therefore, the request IS NOT medically necessary.