

Case Number:	CM15-0046942		
Date Assigned:	03/19/2015	Date of Injury:	07/29/2014
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
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 is a 61 year old male, who sustained an industrial injury on 7/29/2014. He reported injury the neck, right shoulder and upper back after lifting a display. The injured worker was diagnosed as having cervicalgia and right shoulder impingement syndrome. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of continuous neck aching, right shoulder pain and upper back pain. In a progress note dated 12/3/2014, the treating physician is requesting Ibuprofen and 2 therapeutic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bpivacaine 5% 180gm, apply TID to affected area:
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 pain in his neck and shoulder. The request is for GABAPENTIN 10%, AMITRIPTYLINE 10%, BUPIVACAINE 5% CREAM 180GM. Per 12/03/14 progress report, the patient is currently taking Ibuprofen and medications for high blood pressure and high cholesterol. The patient is currently working full-time with no restrictions. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Gabapentin or Amitriptyline as topical cream. Given the lack of support for topical Gabapentin or topical Amitriptyline, the request IS NOT medically necessary.

Flurbiprofen 20%/Baclofen 3%/Dexa 2%/Menthol 2%/Camphor 3%/Capsaicin 0.25%:
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 pain in his neck and shoulder. The request is for FLURBIPROFEN 20%, BACLOFEN 3%, DEXAMETHASONE 2%, MENTHOL 2%, CAMPHOR 2%, CAPSAICIN 0.25% CREAM 180GM. Per 12/03/14 progress report, the patient is currently taking Ibuprofen and medications for high blood pressure and high cholesterol. The patient is currently working full-time with no restrictions. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Baclofen as topical cream. Given the lack of support for topical Baclofen, the request IS NOT medically necessary.

Ibuprofen 800mg/tab Q6-8 hrs for pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in his neck and shoulder. The request is for IBUPROFEN 800MG #120. Per 12/03/14 progress report, the patient is currently taking Ibuprofen and medications for high blood pressure and high cholesterol. The patient is currently working full-time with no restrictions. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." NSAIDs are effective for chronic LBP, MTUS also states. In this case, the utilization review letter on 02/20/15 indicates that the patient has been on Ibuprofen for a long time. The patient does suffer from chronic low back pain for which the use of NSAIDs may be indicated per MTUS. However, there is no discussion regarding it's efficacy. MTUS page 60 require

recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.