

Case Number:	CM15-0051456		
Date Assigned:	03/24/2015	Date of Injury:	04/26/2012
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 4/6/12. She reported pain in the her right shoulder, right elbow, left wrist, low back and right knee related to a fall. The injured worker was diagnosed as having lumbar hyperextension/hyperflexion, right elbow epicondylitis, head trauma, right shoulder rotator cuff tear and impingement, spinal multilevel discopathy and knee fracture status post two surgeries. Treatment to date has included an EMG/NCV study, MRI's, oral and topical pain medications. As of the PR2 dated 1/30/15, the injured worker reports severe pain in the right knee, right shoulder, left wrist and low back. The treating physician noted crepitus in right shoulder on motion, tenderness from the thoracolumbar spine down and pain with right knee range of motion. The treatment plan includes physical therapy and oral and topical pain medications. The treating physician requested flurbiprofen/baclofen/cyclobenzaprine cream 120 grams and ketoprofen/gabapentin/diclofenac/lidocaine cream 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of flurbiprofen/baclofen/cyclobenzaprine cream 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical Analgesics, p111-113: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

1 container of ketoprofen/gabapentin/diclofenac/lidocaine cream 120grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Topical Analgesics, p111-113: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.