MAXIMUS Federal Services

Case Number:	CM15-0054282		
Date Assigned:	03/27/2015	Date of Injury:	01/11/2005
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained a work/industrial injury on 1/11/05. She has reported initial symptoms of back and neck pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, moderate desiccation and annular tear L4-5, and strain/sprain of neck. Treatments to date included oral and topical pain medication, trigger point injections, and physical therapy. Currently, the injured worker complains of low back pain and left shoulder pain. The treating physician's report (PR-2) from 1/27/15 indicated that examination noted evidence of muscle spasm at the cervical spine, impingement sign at the left shoulder and tenderness anteriorly. The lumbar exam noted there was difficulty in walking and changing position due to pain. There was guarding with motion and muscle spasm. Treatment plan included a Compounding cream and Anaprox DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounding cream (Diclofenac 15%, Gabapentin 10%, Lidocaine 10%) 350 grams:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compounding cream (Diclofenac 15%, Gabapentin 10%, Lidocaine 10%) 350 grams is not medically necessary.

Anaprox DS 550 # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 69-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Anaprox DS 550 # 30 with 2 refills is not medically necessary.