

Case Number:	CM15-0054668		
Date Assigned:	03/30/2015	Date of Injury:	01/01/2015
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 1/1/15. She reported initial complaints of headache, neck, upper back and lower back pain. The injured worker was diagnosed as having headache: post-traumatic; cervical muscle spasm; cervical sprain/strain; thoracic muscle spasm; thoracic sprain/strain; lumbar muscle spasm; lumbar sprain/strain. Treatment to date has included physical therapy; CT scan cervical and thoracic spine (1/8/15); MRI cervical, thoracic, lumbar spine and brain (2/10/15). Currently, per the PR-2 notes dated 2/18/15, the injured worker complains of constant head, cervical spine, thoracic and lumbar spine pain. The provider reviewed all the MRI reports and the treatment plan included additional physical therapy, a neurologist visit for post concussion syndrome, EMG/NCV bilateral upper and lower extremities due to deteriorating neurological conditions and compound medications: cream based for pain. The provider documents these are ordered to minimize possible neurovascular complications and avoid complications associated with use of narcotic medications as well as upper gastrointestinal bleeding from NSAID's use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Gabapentin. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states Gabapentin is not recommended as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for the compounded medication is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Flurbiprofen. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Flurbiprofen as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for topical Flurbiprofen is not medically necessary.