

Case Number:	CM15-0058945		
Date Assigned:	04/03/2015	Date of Injury:	07/02/1997
Decision Date:	05/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/27/2015

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 65-year-old male who sustained an industrial injury on 07/02/1997. Diagnoses included cervicalgia, cervical spondylosis without myelopathy, pain in joint shoulder region, and spasm of muscle. Treatment to date has included five right shoulder surgeries, diagnostic studies, medications, trigger point injections, subdeltoid bursa injections, subacromial injections, cervical epidural steroid injections, home exercise program, and physical therapy. A physician progress note dated 02/26/2015 documents the injured worker has neck, upper back, arm and shoulder pain to hand right greater than left. The injured worker has associated symptom including numbness and tingling in the hands and weakness in noted in his arms and hands. Gripping items is difficult and he has dropped things due to numbness and weakness. The pain is constant, and is decreased with medications. He has cervical and shoulder decreased range of motion. The treatment pain is for medications; continue exercise, and interventional therapies. Treatment requested is for LV3 Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

LV3 Cream: Upheld

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

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

Decision rationale: The 65-year-old patient complains of pain in neck, upper back, arms, shoulders and hands, as per progress report dated 02/26/15. The request is for LV3 cream. The RFA for this case is dated 03/09/15, and the patient's date of injury is 07/02/97. The patient is status post total shoulder arthroplasty, as per progress report dated 02/26/15, and has been diagnosed with cervicalgia, cervical spondylosis, pain in shoulder joint, and spasm of muscles. Medications included Ibuprofen, Norco, Lisinopril, Voltaren gel, Aspirin and Flomax. The progress reports do not document the patient's work status. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The LV3 team consists of Gabapentin 10%, Ketamine 8%, Lidocaine 5%, Menthol 3%, and Cyclobenzaprine 4%. The topical formulation was first prescribed in progress report dated 02/26/15 for a trial. However, LV3 contains Gabapentin, Cyclobenzaprine and Lidocaine which are not recommended by MTUS. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, the request IS NOT medically necessary.