

Case Number:	CM15-0083291		
Date Assigned:	05/08/2015	Date of Injury:	09/10/2009
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 9/10/09. The injured worker was diagnosed as having cervical radiculopathy, complex regional pain syndrome of the upper limb, adhesive capsulitis of the left shoulder, right bicipital tenosynovitis, and right shoulder acromioclavicular impingement. Treatment to date has included medications such as Norco, Flexeril, Ativan, and topical creams. A physician's report dated 10/16/14 noted the injured worker was using Tramadol/Baclofen cream, Flurbiprofen/Gabapentin/Lidocaine cream, and Ketamine/Gabapentin/Tramadol/Amitriptyline cream. A physician's report dated 4/16/15 noted pain was rated as 10/10 without medication and 7/10 with medications. Currently, the injured worker complains of neck pain, left shoulder pain, left scapula pain, and radiating pain into the left arm. The treating physician requested authorization for Flurbiprofen/Tramadol/Lipoderm 120g and retrospective Ketamine/Gabapentin/Tramadol/Amitriptyline/Cyclobenzaprine/Clonidine 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Dispensed: 6/10/2013) One compound medication Flurbiprofen/Tramadol/Lipoderm 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearing house.

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

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed first line therapy. Furthermore, topical tramadol is not medically necessary.

Retrospective (Dispensed: 6/10/2013) request for one compound medication Ketamine/Gabapentin/Tramadol/Amitriptyline/Cyclobenzaprine/Clonidine 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearing house.

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

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or Gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the compounded medication contains topical Gabapentin and muscle relaxants. Therefore, this request is not medically necessary.