

Case Number:	CM15-0088587		
Date Assigned:	05/12/2015	Date of Injury:	10/30/2012
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/08/2015

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 53 year old female, who sustained an industrial injury on 10/30/2012. She has reported injury to the neck, right shoulder, and right arm. The diagnoses have included cervical radicular pain; cervicgia; right shoulder pain; and spasm of muscle. Treatment to date has included medications, diagnostics, chiropractic sessions, physical therapy, and surgical intervention. Medications have included Tramadol and Zanaflex. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain that radiates to her right arm; pain is rated 8/10 on the visual analog scale at its worst; pain is currently rated at 5/10; still receiving chiropractic treatment and physical therapy to the right shoulder; and she is going to have surgery on her right shoulder. Objective findings included decreased and painful range of motion of the cervical spine; palpable trigger points are noted in the muscles of the head and neck; spasm with right trapezius muscle; Spurling test is positive; tenderness on palpation over the right rotator cuff and subacromial bursa; swelling noted over the right lateral shoulder; and decreased right shoulder range of motion. The treatment plan has included the request for the pharmacy purchase of Gabapentin 10%/Flurbiprofen 10%/Lidocaine 5%/Hyaluronic Acid 0.2% compound pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

The pharmacy purchase of Gabapentin 10%/Flurbiprofen 10%/Lidocaine 5%/Hyaluronic Acid, 2. 0.2% compound pain cream: 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 Section NSAIDs Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical lidocaine in the formulation of a cream or lotion is not recommended by MTUS guidelines. Topical flurbiprofen is not an FDA approved formulation, therefore, the request for the pharmacy purchase of Gabapentin 10%/Flurbiprofen 10%/Lidocaine 5%/Hyaluronic Acid, 2. 0.2% compound pain cream is determined to not be medically necessary.