

Case Number:	CM13-0009290		
Date Assigned:	09/13/2013	Date of Injury:	04/17/2009
Decision Date:	02/07/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female who reported an injury on 04/17/2009. The patient is diagnosed with neck sprain and strain, rotator cuff syndrome, and rotator cuff capsule sprain. The patient was seen by [REDACTED] on 06/27/2013. The patient continued to report neck and left upper extremity pain rated 4/10. Physical examination revealed 90% left shoulder range of motion, 4/5 grip strength of the left wrist, and stable range of motion of the left wrist. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabe 10%/ Flurbi 10%/Lido 5% 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 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not

recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. There is no documentation of this patient's failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no evidence of neuropathic pain on physical examination. Based on the clinical information received, the request is non-certified.