

Case Number:	CM14-0130700		
Date Assigned:	08/20/2014	Date of Injury:	07/19/2012
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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 injured worker is a 50 year old male who sustained an industrial injury on 7/19/12. On the date on the injury, the patient was stuccoing outside of a condominium at which time he developed left shoulder pain. The patient had a prior left shoulder surgery in 2009. An AME dated 8/6/2013 recommended future medical care revision for the left shoulder to consist of injections, medications, physical therapy, and additional surgery up to and shoulder replacement. The patient was seen on 7/18/14 at which time he complained of 6-9/10 left shoulder and left elbow pain. The patient was diagnosed with shoulder pain, elbow pain, and lateral epicondylitis. Amitriptyline, Fentanyl, Norco, and a topical medication were prescribed. Utilization review dated 7/13/13 non-certified the request for topical baclofen, gabapentin, prilocaine and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen15/Gabapentin 6%/Prilocaine 25/Lidocaine 2%, 120 gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also specifically state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding lidocaine, the guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Baclofen and Gabapentin are not recommended in a topical formulation. As such, the requested topical medication is not medically necessary.