

Case Number:	CM14-0136170		
Date Assigned:	09/03/2014	Date of Injury:	09/17/2001
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 58-year-old female was reportedly injured on September 17, 2001. The mechanism of injury is reported to be cumulative trauma. The most recent progress note, dated January 3, 2014, indicates that there are ongoing complaints of left shoulder and bilateral wrist/hand pain. The physical examination demonstrated a wide-based gait. There was tenderness and spasms along the cervical paraspinal muscles and the left trapezius as well as slightly decreased left shoulder range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left shoulder surgery and bilateral wrist surgery. A request had been made for Gabapentin/Pyridoxine 250mg/10mg, Flurbiprofen/Cyclo/Menth Cream, and Keratek analgesic gel and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Pyridoxine 250mg/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin B, Updated October 2, 2014.

Decision rationale: The progress note dated January 3, 2014, does not indicate any abnormal neurological findings nor does the official disability guidelines support the use of vitamin B as such, this request for Gabapentin/ Pyridoxine is not medically necessary.

Flubiprofen/Cyclo/Menth Cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Flurbiprofen/Cyclobenzaprine/Menthol cream is not medically necessary.

Keratek analgesic gel #4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Keratek gel is a compound of menthol and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Keratek gel is not medically necessary.