

Case Number:	CM14-0150200		
Date Assigned:	09/18/2014	Date of Injury:	03/02/2014
Decision Date:	11/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 03/02/2014. An application for independent medical review is not present. A full prior utilization report is not available; however, an assignment of independent medical review refers to utilization review denial date of 08/29/2014. On 07/10/2014, the treating physician submitted a PR-2 report and noted the patient was being treated for cervical strain, shoulder strain, and shoulder pain. The treatment recommendations included a home exercise program. On 06/12/2014, a treating physician progress note reported the patient was being treated for shoulder/upper arm strain. The treating physician was awaiting authorization for a magnetic resonance imaging (MRI) of the left shoulder to rule out a rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent/Destromethorphan 10 percent/Amitriptyline 10 percent/Flurbiprofen 20 percent/Tramadol 20 percent/Cyclobenzaprine 4 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain, Compound drugs

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that compounded agents should only be used if there is clear documentation of the rationale and proposed mechanism of action of each component ingredient. Such details are not present at this time. Moreover, the same guideline specifically does not recommend topical use of the component ingredients gabapentin and cyclobenzaprine. Additionally, this guideline recommends topical anti-inflammatory medications such as flurbiprofen only for short-term use but not for chronic use. For these multiple reasons, the requested topical agent is not supported by the treatment guidelines. This request is not medically necessary.