

Case Number:	CM14-0161544		
Date Assigned:	10/07/2014	Date of Injury:	09/10/2009
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Surgery 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:

71-year-old male claimant with reported industrial injury of September 10, 2009. Exam note August 14, 2014 discloses complaints of pain in the right shoulder traveling to the right arm. In addition there is a complaint of neck pain as well as right knee pain. Examination discloses moderate spinal tenderness and muscle guarding radiating to the right shoulder on the right. Palpation reveals mild tenderness at the facet joints on the right referring to the trapezius and shoulder. Foraminal compression testing is noted to be positive on both sides. Knee palpation reveals nonspecific tenderness of both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGICE (tramadol 8%; gabapentin 10%; menthol 2%; camphor 2%) and flurbiprofen 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page(s) 111-112 "Largely experimental in use with

few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary.