

Case Number:	CM14-0167974		
Date Assigned:	10/15/2014	Date of Injury:	05/10/2011
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 Los Angeles. 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 patient is 52-year-old female who was injured on 05/10/2011. The mechanism of injury is unknown. Prior treatment history has included cervical epidural steroid injection, Xanax, Norco, Nucynta, Effexor XR, Gabapentin, and Lodine. Toxicology report dated 08/25/2014 detected the presence of Hydromorphone and Hydrocodone. It also showed inconsistent results for Alprazolam. Diagnostic studies were reviewed. Progress report dated 08/21/2014 documented the patient to have complaints of neck pain, low back pain, and bilateral upper extremity pain. The patient stated that the pain and muscle tightness increases in her neck and upper extremity. She described her neck pain to be constant and aching. She also reported muscle spasm. She rated her pain with medication an 8/10 and without medications a 10/10. It becomes worse with daily activities. On exam, the cervical spine revealed diminished sensation at the C6- C7 dermatome. Cervical range of motion was restricted. The patient does have bilateral carpal tunnel syndrome, left greater than right, C7 radiculopathy as per EMG/NCV. The patient was diagnosed with cervical degenerative disk disease, left C7 radiculopathy, low back pain, carpal tunnel syndrome, cervical facet pain, and cervical stenosis. This patient was prescribed a topical compound. Prior utilization review dated 09/11/2014 states the request for Topical Compound Drug (Bupivacaine, Diclofenac Powder, Doxepin, Gabapentin, Orphenadrine, Pentoxifyl, Versatiel Cream Base, Dimethyl Sulfoxid, Propylene Gl Solution, Ethoxy Liquefied Reagent, Isopropyl Solution Myristat, Ethyl Alcohol Solution) 120 ML With 3 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Drug (Bupivacaine, Diclofenac Powder, Doxepin, Gabapentin, Orphenadrine, Pentoxifyl, Versatiel Cream Base, Dimethyl Sulfoxid, Propylene Glycol Solution, Ethoxy Liquefied Reagent, Isopropyl Solution Myristat, Ethyl Alcohol Solution) 120 MI With 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is recommended for short-term use, and there are no long-term studies of their effectiveness or safety. In this case, there is no supporting documentation or clear rationale for the use of topical Gabapentin and Orphenadrine. Further, the guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is not medically necessary.