

Case Number:	CM14-0161819		
Date Assigned:	10/07/2014	Date of Injury:	07/30/2014
Decision Date:	05/29/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who reported an industrial related injury on a continuous trauma basis from 06/01/2013 to 06/01/2014. A physician's report dated 8/20/14 noted the injured worker suffered cumulative trauma to his neck, bilateral shoulder, right upper extremity, spine, bilateral hips, and bilateral upper extremities. Diagnoses included cervical, thoracic, and lumbar spondylosis without myelopathy, rotator cuff syndrome of the bilateral shoulders, tendinitis/bursitis of the hips, and tendinitis, bursitis, and capsulitis of the feet were also noted. Upon examination, there was 3+ spasm and tenderness in the bilateral paraspinal muscles from C2 to C7, diminished and painful cervical range of motion, positive axial compression test, positive distraction test, positive shoulder depression test, decreased left triceps reflex, intact sensation, diminished and painful thoracic range of motion, 3+ spasm and tenderness in the bilateral paraspinal muscles from T8 to T12, 3+ spasm and tenderness from L1 to S1, limited and painful lumbar range of motion, positive Kemp's test, positive straight leg raise, positive Yeoman's and Braggard's tests, decreased left Achilles reflex, 3+ spasm and tenderness to the bilateral rotator cuff muscles, limited and painful bilateral shoulder range of motion, positive Codman and Speed's tests, positive supraspinatus test, painful elbow and wrist, painful hip range of motion, and painful ankle and foot range of motion with positive valgus testing. Treatment recommendations at that time included active physical therapy for 12 visits. The injured worker was also issued a prescription for a topical compound containing lidocaine 6%, gabapentin 10%, and ketoprofen 10%. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6% Gabapentin 10% Ketoprofen 10% QTY: 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): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine has been FDA approved in the formulation of a dermal patch and is not recommended in a lotion, cream, or gel. Gabapentin is not recommended for topical use. Given the above, the request is not medically appropriate.