

Case Number:	CM14-0213849		
Date Assigned:	12/31/2014	Date of Injury:	09/16/2000
Decision Date:	02/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 a 50 year old female with an injury date on 9/16/00. The patient complains of worsening right shoulder pain and low lumbar pain, as well as bilateral leg pain rated 10/10 without medications and 6/10 with medications per 9/2/14 report. The patient underwent a lumbar epidural steroid injection on 4/28/14 which helped relieve pain by 50%, and the effect has lasted for almost 4 months per 9/2/14 report. The pain after the lumbar epidural steroid injection has slowly been increasing the past month per 9/2/14 report. Based on the 9/2/14 progress report provided by the treating physician, the diagnoses are: 1. Chronic lower back pain 2. lumbarg degenerative disc disease 3. Lumbar radiculopathy 4. Shoulder pain 5. Chronic pain syndrome. A physical exam on 9/2/14 showed "straight leg raise positive bilaterally, but more pronounced on the right." No range of motion testing was provided in reports. The patient's treatment history includes medications, acupuncture (helpful), lumbar epidural steroid injection (helpful). The treating physician is requesting topical compound (bupivacaine, diclofenac, doxepin, gabapentin, orphenadrine, and pentaxityline) #120. The utilization review determination being challenged is dated 12/16/14. The requesting physician provided treatment reports from 6/3/14 to 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound (Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine and Pentoxifylline) # 120: 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 Medicine, Salicylate topicals Page(s): 111-113,105.

Decision rationale: This patient presents with right shoulder pain, lower back pain, and bilateral leg pain. The treater has asked for TOPICAL COMPOUND (BUPIVACAINE, DICLOFENAC, DOXEPIN, GABAPENTIN, ORPHENADRINE, AND PENTAXITYLINE) #120 but the requesting progress report is not included in the provided documentation. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use. In this case, the patient presents with chronic pain in the shoulder/back/legs. The requested compounded topical cream, however, is not indicated per MTUS guidelines. As topical Gabapentin is not indicated, the entire compounded topical cream is also not indicated for use. In addition, the patient does not present with peripheral joint arthritis, as per MTUS indication for topical NSAIDS. The request is not medically necessary.