

Case Number:	CM14-0215101		
Date Assigned:	01/02/2015	Date of Injury:	07/26/2012
Decision Date:	03/09/2015	UR Denial Date:	12/04/2014
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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 worker sustained an injury on July 26, 2012 when lifting and turning a postoperative patient. The workers felt a cracking pain in her neck. She subsequently also developed radiation of pain to the left shoulder and left hand, as well as numbness and tingling. She later developed radiating pain to the right shoulder and right hand. As of 8/27/2014 there is subjective documentation of numbness and tingling in her wrists. There are complaints of right shoulder pain, intermittent, with very heavy lifting and repetitive use of the upper extremity above shoulder or at level. There is intermittent slight pain in the left shoulder with very heavy lifting and repetitive use of left upper extremity but shoulder or at level. There is intermittent slight pain occasionally in the right wrist and hand, increasing to moderate pain with forceful strength activities and repetitive fine manipulation. There is intermittent slight pain occasionally in the left wrist and hand, increasing to moderate pain, with forceful strength activities and repetitive fine manipulation. On examination there is reduced cervical range of motion with pain and tenderness. There is reduced motion and pain in the bilateral wrists. Phalen's test is positive. Right shoulder examination also found equivocal impingement test. X-rays of the right shoulder show type II acromion. Left shoulder examination showed equivocal impingement test. X-rays show type II acromion. Electrodiagnostic study in November of 2012 shows mild to moderate slowing to the carpal tunnel. Diagnoses include cervical syndrome with radiculopathy, right and left shoulder sprain, right and left wrist sprain/carpal tunnel syndrome. MRI scan findings of the cervical spine and 2012 showed cervical lordosis, mild bulging at C2-3 and C3-4, Central disc herniation of 1.5 mm at C5-6, mild bulging at C6-7. A utilization review on December 4, 2014 denied the request for

the two compounded topical preparations, Gabapentin 10%, Lidocaine 5% and Baclofen 7%, Flurbiprofen 5%, Acetyl-L-Carnitine 15%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5% 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 Topical Analgesics Page(s): 111, 114.

Decision rationale: According to the MTUS, Topical Analgesics chapter, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, alpha-agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The MTUS states that Gabapentin is not recommended as a topical agent because there is no peer-reviewed literature to support use. In this case, because this request contains an agent that is not recommended for use, the request for the compounded topical Gabapentin 10%, Lidocaine 5% is not medically necessary or appropriate.

Baclofen 7%, Flurbiprofen 5%, Acetyl-L-Carnitine 15% 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 Topical Analgesics Page(s): 111, 114.

Decision rationale: According to the MTUS, Topical Analgesics chapter, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The MTUS states that Baclofen is not recommended as a topical agent because there is no peer-reviewed literature to support use. In this case, because this request contains an agent that is not recommended for use, the request for the compounded topical Baclofen 7%, Flurbiprofen 5%, and Acetyl-L-Carnitine 15% is not medically necessary or appropriate.