

Case Number:	CM15-0106041		
Date Assigned:	06/10/2015	Date of Injury:	08/27/2012
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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 & 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 39 year old female patient who sustained an industrial injury on 08/27/2012. A recent primary treating office visit dated 04/06/2015 reported the patient with subjective complaint of having cervical, bilateral shoulder, and bilateral wrist pain. The following diagnoses are applied: cervical radiculopathy; right shoulder impingement syndrome, right shoulder bursitis subacromial; right shoulder SLAP lesion; left shoulder bursitis subacromial; right carpal tunnel syndrome; right wrist sprain/strain; left carpal tunnel syndrome, and left wrist sprain. The plan of care noted recommending additional chiropractic physio therapy and acupuncture sessions. A primary treating office visit dated 05/01/2015 reported subjective complaint of having occasional moderate right shoulder pain associated with bending, lifting, carrying, pushing, pulling, or twisting. She is diagnosed with right shoulder sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/ami/bupi/hyaluronic acid 10/10/5/0.2% in cream base 240 gm dispensed on 04/06/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/15) - Online Version.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gaba/ami/bupi/hyaluronic acid 10/10/5/0.2% in cream base 240 gm dispensed on 04/06/15 is not medically necessary and appropriate.