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| Case Number: | CM15-0109543 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 01/10/2011 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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 41 year old female, who sustained an industrial injury on 1/10/11. The diagnoses have included status post left shoulder arthroscopy 2/2013, cervical myofascial pain superimposed on degenerative disc disease (DDD), and Thoracolumbar myofascial pain superimposed on degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, physical therapy, injections, and chiropractic. Currently, as per the physician progress note dated 5/14/15, the injured worker has not been authorized for additional physical therapy and her symptoms have remained unchanged. The physical exam reveals slight tenderness to palpation of the cervical spine and extremes of rotation elicit discomfort. There is weakness to the left shoulder in all range of motion planes with resistance testing. She has slight tenderness to palpation of the lower lumbar area, she is able to forward bend to 60 degrees, extension is 10 degrees, lateral bend to the left is 20 degrees and to the right is 20 degrees. The current medications were not listed and there was no previous urine drug screen noted. The physician requested treatment included Topical medication including Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300g #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication including Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300g #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Baclofen.

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 NSAID, muscle relaxant 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 NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Topical medication including Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% 300g #4 is not medically necessary and appropriate.