

Case Number:	CM15-0016026		
Date Assigned:	02/04/2015	Date of Injury:	02/11/2012
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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 42 year old female, who sustained an industrial injury on 2/11/12. She has reported pain in the neck with radiation to the right arm. The diagnoses have included cervical strain, right shoulder impingement and lumbar radiculitis. Treatment to date has included MRI of the right shoulder and oral medications. As of the PR2 dated 11/21/14, the injured worker reported constant aching pain in the neck and bilateral shoulders. The treating physician requested Keto/Flub/Gaba/Lido/Baclo/Cyclo/Micro and Flurb/Caps/Camph/Menth/Micro. On 1/23/15 Utilization Review non-certified a request for retrospective Keto/Flub/Gaba/Lido/Baclo/Cyclo/Micro and Flurb/Caps/Camph/Menth/Micro. The utilization review physician cited the MTUS guidelines for compounding medications. On 1/28/15, the injured worker submitted an application for IMR for review of retrospective Keto/Flub/Gaba/Lido/Baclo/Cyclo/Micro and Flurb/Caps/Camph/Menth/Micro.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Keto/Flub/Gaba/Lido/Baclo/Cyclo/Micro: 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): 111-113.

Decision rationale: According to the 11/21/2014 report, this patient presents with constant aching pain in the neck, bilateral shoulder, low back pain, hip and groin. The current request is for retrospective Keto/Flub/Gaba/Lido/Baclo/Cyclo/Micro. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Regarding Cyclobenzaprine topical, MTUS also states, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS also does not support gabapentin as a topical product. In this case, Cyclobenzaprine, Gabapentin and Lidocaine cream are not recommended for topical formulation. The current request IS NOT medically necessary.

RETROSPECTIVE Flurb/Caps/Camph/Menth/Micro: 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 analgesic Page(s): 111-113.

Decision rationale: According to the 11/21/2014 report, this patient presents with constant aching pain in the neck, bilateral shoulder, low back pain, hip and groin. The current request is for retrospective Flurb/Caps/Camph/Menth/Micro. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with spinal pain for which topical NSAID is not indicated. The current request IS NOT medically necessary.