

Case Number:	CM15-0016211		
Date Assigned:	02/04/2015	Date of Injury:	09/29/2012
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
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, Arizona
 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 49-year-old male who reported an injury on 09/29/2012. The mechanism of injury was not stated. The current diagnoses include cervical disc protrusion, lumbar disc protrusion, lumbar radiculopathy, and left shoulder sprain. The injured worker presented on 12/18/2014 with complaints of persistent cervical and lumbar spine pain as well as left shoulder pain. Upon examination, there was no evidence of bruising, swelling, atrophy, or lesion. Recommendations included prescriptions for Protonix 20 mg, tramadol 150 mg, cyclobenzaprine 7.5 mg, Neurontin 400 mg, and 2 compounded creams. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin/Amitriptyline/Bupivacaine 210gm compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support its use as a topical product. There was no strength or frequency listed in the request. Given the above, the request is not medically appropriate.

Retrospective Flurbiprofen/Baclofen/Dexamethsome/Menthol/Camphor/Capsaicin compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. The current request for a compounded cream containing flurbiprofen and baclofen is not appropriate. There is no strength, frequency, or quantity listed in the above request. As such, the request is not medically necessary at this time.