

Case Number:	CM15-0111487		
Date Assigned:	06/17/2015	Date of Injury:	09/13/2013
Decision Date:	08/19/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an industrial injury on 9-13-13 with current complaints of increasing left shoulder pain as well as neck and back pain. Diagnoses are lumbago and sciatica. Diagnoses are left shoulder impingement syndrome versus rotator cuff tear, cervicalgia, and L5-S1 facet arthropathy- symptomatic on the left. In a progress report dated 5-13-15, the treating physician notes shoulder pain is rated at 9-10 out of 10 and low back pain at 9-10 out of 10. Current medications are Gabapentin, Hydrocodone-Acetaminophen, Ibuprofen, Mobic, Naproxen, Tramadol ER, and Trazadone. Cervical range of motion in degrees is flexion 35, extension 35, left lateral bend 20, and right lateral bend 45. There is a positive impingement sign and decreased range of motion of the left shoulder. There is a positive Fortin's on the left sacroiliac joint. Previous treatment includes chiropractic treatments, psychiatric evaluation, MRI of the cervical and lumbar spines, and x-rays of the lumbar spine. A urine drug screen was done 5-14-15. Work status is to remain at modified duty until the next clinic visit. The requested treatment is Gabapentin 10%, Lidocaine 2% in with Aloe Vera 0.5%, Emu Oil 30%, Capsaicin (natural) 0.025%, Menthol 10%, Camphor 5% (Trigger Point Gel) 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 2% in w/Aloe Vera 0.5%, Emu Oil 30%, Capsaicin (Natural) 0.025%, Menthol 10%, Camphor 5% (Trigger Point Gel) 120 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2014 and is being treated for neck, back, and left shoulder pain. When seen, there was decreased cervical spine range of motion. There were muscle spasms and tenderness was present. There was decreased left upper extremity strength. There was decreased left shoulder range of motion with positive impingement testing. There was pain with lumbar spine range of motion but without tenderness. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.