

Case Number:	CM15-0114298		
Date Assigned:	06/22/2015	Date of Injury:	10/02/2014
Decision Date:	07/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 56 year old male who sustained an industrial injury on 10/2/14. The injured worker was diagnosed as having right shoulder sprain/strain, right elbow sprain/strain and right hip sprain/strain. Currently, the injured worker was with complaints of discomfort in the right shoulder, right elbow and right hip. Previous treatments included medication management and physical therapy. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. Physical examination was notable for tenderness to palpation in the anterior shoulder, lateral shoulder, posterior shoulder, medial and lateral epicondyle of the right shoulder and anterior hip, lateral hip and posterior hip. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Amitriptyline Hcl 10% Gabapentin 10% Buplvacine Hcl Hyaluronic Acid 0.2% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical amitriptyline, gabapentin, bupivacaine cream #240 gm is not medically appropriate and necessary.

Compound medication : Flurbiprofen 20%,Baclofen 5%Camphor 2% Dexamethasone Mirco 0.2%/ Hyaluronic acid 0.2% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical flurbiprofen/baclofen/camphor/dexamethasone/hyaluronic cream #240 gm is not medically appropriate and necessary.