

<b>Case Number:</b>	CM15-0118862		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Pennsylvania, Ohio, 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 65 year old male, who sustained an industrial injury on June 25, 2012, incurring low back and shoulder injuries after a slip and fall. He was diagnosed with lumbar spine strain, lumbar spine spondylosis, lumbar spine protrusion, and a left biceps tear. Treatment included physical therapy, shockwave therapy, acupuncture, epidural steroid injection, pain medications, Electromyography studies and work restrictions. Currently, the injured worker complained of persistent lower back pain and left shoulder pain. He rated his pain a 9/10 on a pain scale of 1 to 10. He was noted to have restricted range of motion. He uses a hemi cane for mobility. The treatment plan that was requested for authorization included the purchase of power uplift seat and prescriptions for Flurbi cream and Gabacyclotram cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Purchase of power uplift seat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** MTUS recommends the use of power mobility devices only if a patient has a mobility deficit that cannot be resolved with a cane or walker or manual wheelchair. Similarly, a power uplift seat would be indicated only if a patient has a deficit in transfers, which cannot be resolved with physical therapy training and/or non-powered equipment. The records do not contain such an assessment to determine if a non-powered solution may be effective in this case. Therefore, this request is not medically necessary.

**Flurbi (NAP) cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180 grams:**  
Upheld

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

**Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180 grams:**  
Upheld

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally the component ingredients Gabapentin and Cyzlobenzaprine are specifically not recommended by this guideline. This request is not medically necessary.