

Case Number:	CM15-0119717		
Date Assigned:	06/30/2015	Date of Injury:	10/20/2007
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 53 year old male, who sustained an industrial injury on 10/20/07. The injured worker was diagnosed as having right shoulder sprain/strain, right shoulder partial rotator cuff tear, and right ankle sprain/strain. Treatment to date has included topical and oral medication. On 4/1/15 pain was rated as 8/10 without medication and 6/10 with medication. On 4/29/15 shoulder pain was rated as 6/10 and right ankle pain was rated as 8/10. Currently, the injured worker complains of right shoulder pain and right ankle pain. The treating physician requested authorization for Flubiprofen 20%/Lidocaine 5%/Amitriptyline 4% 180g and Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%/Lidocaine 5%/Amitriptyline 4% 180gms: 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 Topical Analgesics, page 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-depressant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this Lidocaine and anti-depressant medications for this chronic injury without improved functional outcomes attributable to their use. The Flubiprofen 20%/Lidocaine 5%/Amitriptyline 4% 180gms is not medically necessary and appropriate.

Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% 180gms: 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 Topical Analgesics, page 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded opiate, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this opiate, muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% 180gms is not medically necessary and appropriate.