

Case Number:	CM15-0120060		
Date Assigned:	06/30/2015	Date of Injury:	12/08/2014
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
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, Hawaii

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 44 year old female who sustained an industrial injury on December 8, 2014. She has reported neck pain with radiation to the right arm and shoulder and has been diagnosed with cervical disc protrusion, and right shoulder impingement syndrome. Treatment has included medications, massage, and physical therapy. The injured worker rates cervical, lumbar, and right shoulder pain a 7/10. There was tenderness to palpation of the cervical paravertebral muscles. Cervical compression was positive. There was tenderness to palpation of the lumbar paravertebral muscles. Range of motion of the right shoulder was decreased and painful. There was tenderness to palpation of the acromioclavicular joint, anterior shoulder and posterior shoulder. Supraspinatus press was positive. The treatment request included topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with pain affecting the low back, and neck with radiation to the right shoulder, and right arm. The current request is for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base, 240 grams. The requesting treating physician report dated 6/4/15(29C) does not provide a rationale for the current request. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.

Compound FBD-Flubiprofen 20% Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base, 240 grams:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents with pain affecting the low back and neck with radiation to the right shoulder, and right arm. The current request is for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base, 240 grams. The requesting treating physician report dated 6/4/15(29C) does not provide a rationale for the current request. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." In this case, Baclofen is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.