

Case Number:	CM15-0171126		
Date Assigned:	09/11/2015	Date of Injury:	11/26/2002
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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, Pain Management, Occupational 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 65 year old female, who sustained an industrial injury on November 26, 2002. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having neural encroachment L5 and S1 with radiculopathy, multiple level cervical facet osteoarthropathy, cervical stenosis, right carpal tunnel syndrome and status post lumbar decompression L4-L5 and L5-S1. Treatment to date has included diagnostic studies, surgery, injection, medication, physical therapy, heat, activity modification and exercise. Notes stated that the first two epidural steroid injections facilitated 70% reduction of radicular component and improved tolerance to standing and walking. On July 22, 2015, the injured worker complained of low back pain rated as a 7, cervical pain rated a 6, right wrist pain rated 5, left shoulder pain rated 7 and right shoulder pain rated as a 6 on a 1-10 pain scale. Her current medication regimen was noted to facilitate maintenance of activities of daily living. On August 17, 2015, utilization review denied a request for a 25 day supply of Ketoprofen-Gabapentin-Bupivacaine-Baclofen-Cyclob quantity of 300 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Gabapentin/Bupivacaine/Baclofen/Cyclob 25 Day Supply Qty 300 with 3 Refills Rx 8/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS 2009 recommends against the use of topical agents due to lack of demonstrated efficacy and safety. This topical agent does not adhere to MTUS 2009 guidelines and there is no evidence provided that this formulation is effective or safe. This topical agent is not medically necessary.