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| Case Number: | CM15-0028509 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 07/07/2013 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, 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 male patient who sustained an industrial injury on 07/07/2013. An orthopedic follow up visit dated 05/06/2014 reported current complaint of neck, shoulders, left wrist, hips and bilateral knee pains. The provided notes state diagnoses of degenerative disc disease of C5-6 with probable C6 cervical radiculopathy; rupture (traumatic) subscapularis tendon of the rotator cuff of the right shoulder; displacement of the proximal long head of the biceps brachi of right shoulder; acromioclavicular arthritis, early of right shoulder; left shoulder probable rotator cuff tear with supraspinatus tendonitis and acromioclavicular arthrosis; trochanteric bursitis of the right hip; bilateral knee pain secondary to chondromalacia of patella; radiographic evidence of medial compartment arthritis of left knee and lateral compartment arthritis of right knee with joint space narrowing. Stenosing tenosynovitis of DeQuervain of the left thumb and probable degenerative spondylosis of lumbar spine. A request was made for the medications Gabapentin 350MG and a compound topical cream. On 02/03/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Topical Analgesia and Gabapentin were cited. On 02/13/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine/Lidocaine 10/3%/5% in UL: Upheld

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

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the requested compounded topical medication cannot be considered medically necessary at this time without substantial justification. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities or any evidence of further clinical reasoning for topical treatment in the provided notes makes the requested treatment not medically indicated.

Gabapentin 350mg - Pyridoxine 10mg #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vitamin B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

Decision rationale: The MTUS recommends antiepilepsy drugs (or anti-convulsants) for neuropathic pain, however, the provided records show no indication for a vitamin B requirement or specific reasoning as to why the patient can not take gabapentin alone. Pyridoxine is often used as an adjunct in treating peripheral neuropathy but according to the guidelines, efficacy is not clear, and in a case where the provided records show no clear indication for vitamin B (such as testing indicating vitamin B deficiency) in conjunction with gabapentin, gabapentin alone with a plan for close follow up and observation for objective pain and functional improvement may be a more appropriate treatment step at this juncture. It is certainly possible that a vitamin B deficiency could be contributory in this case, however, no evidence of such a deficiency is provided. Because of the lack of evidence for efficacy along with the lack of clinical information provided to warrant pyridoxine treatment in conjunction with gabapentin, the request cannot be considered medically necessary at this time.