

Case Number:	CM15-0029562		
Date Assigned:	02/23/2015	Date of Injury:	06/30/2014
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 58 year old male, who sustained an industrial injury on 6/30/14. The injured worker has complaints of neck pain, lower back injury and right shoulder pain. The documentation noted that he complained of lumbar spine pain radiating to bilateral legs. He has positive straight leg raise. The diagnoses have included cervical sprain/strain; lumbar spine/strain and right shoulder tendinitis. There was Magnetic Resonance Imaging (MRI) done on 9/4/14 with notation that the injured worker was recommended for surgery at this time. According to the utilization review performed on 2/4/15, the requested Retrospective request for Topical compounds: Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014 and Retrospective request for Topical compounds: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Topical compounds: Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition (2004).

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

Decision rationale: The requested Retrospective request for Topical compounds: Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has lumbar spine pain radiating to bilateral legs. He has positive straight leg raise. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective request for Topical compounds: Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014 is not medically necessary.

Retrospective request for Topical compounds: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice guidelines, 2nd Edition (2004).

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

Decision rationale: The requested Retrospective request for Topical compounds: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has lumbar spine pain radiating to bilateral legs. He has positive straight leg raise. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective request for Topical compounds: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, and Panthenol 0.5% in a Mediderm base cream DOS 12/09/2014 is not medically necessary.

