

Case Number:	CM15-0066779		
Date Assigned:	04/14/2015	Date of Injury:	12/22/2003
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 63 year old female injured worker suffered an industrial injury on 12/22/2003. The diagnoses included lumbar pain, left rotator cuff tear, left shoulder pain and right knee pain. The diagnostics included left shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 2/25/2015, the treating provider reported frequent, stabbing, burning pain radiating to the cervical spine. The right knee had frequent moderate 4/10 dull pain. The lumbar spine had reduced range of motion. The left shoulder and right knee had painful range of motion. The treatment plan included Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Capsaicin 0.25% and Gabapentin 10% Amitriptyline 10% Bupivacaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Capsaicin 0.25% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Capsaicin 0.25% 180 grams is not medically necessary.

Gabapentin 10% Amitriptyline 10% Bupivacaine 5% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10% Amitriptyline 10% Bupivacaine 5% 180 grams is not medically necessary.