

Case Number:	CM15-0067614		
Date Assigned:	04/20/2015	Date of Injury:	03/19/2013
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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 57 year old male with an industrial injury dated 10/16/2012. His diagnoses included lumbar disc with radiculopathy, lumbar facet syndrome, lumbar sprain /strain, rotator cuff syndrome left shoulder, insomnia, anxiety and depression. Prior treatments included medications. He presents on 03/18/2015 with complaints of low back pain and left shoulder pain. Physical exam noted the injured worker was anxious and depressed. Cervical and thoracic spine was within normal limits. Lumbar spine was tender to palpation with spasm. Range of motion was decreased. Left shoulder range of motion was decreased. Treatment plan included medications (creams) for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 2%, Capsaicin .025%, Hyaluronic acid 0.2% in cream base #240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15857456.

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

Decision rationale: MTUS 2009 recommends against the use of topical agents since there is little evidence of efficacy or safety. This compounded agent contains Dexamethasone, Baclofen and hyaluronic acid. There is no specific indication for this agent provided nor is there any clinical evidence provided which documents the safety of these combined agents. This request for this compounded topical agent does not adhere to MTUS 2009 and is not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base #240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/158574456.

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

Decision rationale: MTUS 2009 specifically recommends against any topical agent that contains gabapentin. This compound contains gabapentin and is not medically necessary.