

Case Number:	CM15-0070210		
Date Assigned:	04/20/2015	Date of Injury:	01/16/2011
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 70-year-old male who sustained an industrial injury on 1/16/11 on a continuous trauma basis involving his neck, low back, bilateral upper extremities and bilateral knees. He currently complains of aching pain in the neck, bilateral shoulders and low back with a pain level of 3/10. He also complains of left knee pain with pain level of 2/10. His medications are diclofenac, gabapentin and Tramadol, which are helpful with pain reduction. Diagnoses include bilateral left greater than right shoulder impingement with rotator cuff tendinopathy; cervical-brachial syndrome; cervical discopathy; mild bilateral carpal tunnel syndrome; mild right shoulder impingement syndrome; bilateral acromioclavicular arthrosis; lumbar discopathy; status post left total knee arthroplasty; sleep disorder; gastrointestinal complaints; headaches; psychiatric complaints. Treatments include medications. Diagnostics were not available for review. In the progress note dated 12/12/14 and 1/23/15 the treating provider's plan of care requests gabapentin/ cyclobenzaprine/ ketoprofen/ capsaicin/ menthol/ camphor transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin /Menthol/Camphor Transdermal Cream: 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 topical analgesics Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records report poor tolerance to oral medications but does not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.