

Case Number:	CM15-0077081		
Date Assigned:	04/28/2015	Date of Injury:	01/18/2013
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 1/18/13. The injured worker has complaints of upper/mid back pain radiating to lumbar spine. The diagnoses have included thoracic sprain/strain; lumbar disc protrusion; lumbar radiculopathy; superior glenoid labrum lesion; right shoulder tenosynovitis and right hip internal derangement. Treatment to date has included pantoprazole; Tylenol extra strength; X-rays; magnetic resonance imaging (MRI); electromyography/nerve conduction velocity study of bilateral upper and lower extremities; muscle relaxant; nonsteroidal anti-inflammatory drugs (NSAIDs); opioid; heat therapy; cold therapy; physical therapy; acupuncture and chiropractic therapy. The request was for gabapentin 10%, amitriptyline 10% and bupivacaine 5% 180 grams and flurbiprofen 20%, baclofen 5%, dexamethasone 2% and capsaicin 0.25% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Gabapentin are not recommended due to lack of evidence. The claimant was also simultaneously prescribed other topical analgesics as well as oral Tramadol (without indication of reduction of opioid intake). Since the compound above contains Gabapentin, the compound in question is not medically necessary.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Baclofen are not recommended due to lack of evidence. The claimant was also simultaneously prescribed other topical analgesics as well as oral Tramadol (without indication of reduction of opioid intake). Since the compound above contains topical Baclofen, the compound in question is not medically necessary.