

Case Number:	CM15-0077397		
Date Assigned:	04/29/2015	Date of Injury:	08/23/2013
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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 male, who sustained an industrial injury on 8/23/13. He reported initial complaints of left shoulder and back. The injured worker was diagnosed as having lumbar disc displacement; lumbar impingement syndrome; status post lumbar spine surgery; thoracic or lumbosacral neuritis or radiculitis Unspecified; injury to the lumbar nerve root; right shoulder pain; status post left shoulder surgery (2/2014). Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains of constant severe to 8/10 sharp low back pain radiating to head and t/s aggravated by cold weather, repetitive movement, prolonged sitting and standing, relief from rest. Right shoulder complaints are constant moderate 6/10 dull, stabbing right shoulder pain radiating to tight arm with numbness and tingling aggravated by repetitive movement and relief from medications and rest. The left shoulder complaints are constant severe 9/10 sharp, burning left shoulder pain radiating to head, aggravated by cold weather and repetitive movement and relieved from rest. The injured worker is prescribed Naproxen 550mg and takes 3 times daily for inflammation and pain. The records note other pain medications are being requested per treatment plan (Tramadol ER 100mg) along with Compounded medications Flurbiprofen 180gm and Gabapentin 100% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medications Flurbiprofen 180gm and Gabapentin 100% 180gm: Upheld

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

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. In addition the Flurbiprofen 180gm and Gabapentin 100% was used in combination with oral analgesics and other topical analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.