

Case Number:	CM15-0079581		
Date Assigned:	04/30/2015	Date of Injury:	03/25/2013
Decision Date:	05/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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 44 year old female, who sustained an industrial injury on 3/25/15. She reported a neck and back injury. The injured worker was diagnosed as having cervical hyperextension/hyper flexion, left shoulder impingement syndrome, left elbow epicondylitis and mild left hand de Quervain's tenosynovitis. Treatment to date has included oral medications and topical ointment. Currently, the injured worker complains of neck pain rated 7/10 with dull and achy pain with radiation to left upper trapezius muscles and shoulder pain rated 7-8/10 with aching in left arm and aching pain in head. The injured worker states oral medications and topical creams are helping ease the pain. Physical exam noted pain cervical range of motion, erythema present in left shoulder, tenderness in acromioclavicular joint and tenderness to left thumb area with carpal and metacarpal tenderness noted of left hand. Tenderness is also noted of sacroiliac area of lumbar spine with limited range of motion. The treatment plan included request for authorization for Flexeril, Flurbiprofen/baclofen/dexamethasone/hyaluronic acid cream, dextromethorphan/gabapentin/bupivacaine/camphor/menthol hyaluronic acid cream and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Dexamethasone/Hyaluronic acid 20/10/2/0.2% in cream base, 240gm: 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): 111-113.

Decision rationale: The requested Flurbiprofen/Baclofen/Dexamethasone/Hyaluronic acid 20/10/2/0.2% in cream base, 240gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has painful cervical range of motion, erythema present in left shoulder, tenderness in acromioclavicular joint and tenderness to left thumb area with carpal and metacarpal tenderness noted of left hand. Tenderness is also noted of sacroiliac area of lumbar spine with limited range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen/Baclofen/Dexamethasone/Hyaluronic acid 20/10/2/0.2% in cream base, 240gm is not medically necessary.

Dextromethorphan/Gabapentin/Bupivacaine/Camphor/Menthol/Hyaluronic acid 10/10/5/0.2% in cream base, 240gm: 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): 111-113.

Decision rationale: The requested Dextromethorphan/Gabapentin/Bupivacaine/Camphor/Menthol/Hyaluronic acid 10/10/5/0.2% in cream base, 240gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has painful cervical range of motion, erythema present in left shoulder, tenderness in acromioclavicular joint and tenderness to left thumb area with carpal and metacarpal tenderness noted of left hand. Tenderness is also noted of sacroiliac area of lumbar spine with limited range of motion. The treating physician has not documented trials of anti depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Dextromethorphan/Gabapentin/Bupivacaine/Camphor/Menthol/Hyaluronic acid 10/10/5/0.2% in cream base, 240gm is not medically necessary.