

Case Number:	CM15-0079644		
Date Assigned:	04/30/2015	Date of Injury:	02/19/2009
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 58 year old female who sustained an industrial injury on 02/19/2009. Diagnoses include impingement left shoulder with rotator cuff tear; status post left shoulder arthroscopy done on 02/27/2015, status post cervical fusion, cervical discogenic disease, chronic cervical spine sprain/strain, lumbar herniated nucleus pulposus, and degenerative disc disease. Treatment to date has included diagnostic studies, medications, and subacromial injections. The most recent physician progress note dated 12/18/2014 documents the injured worker has chronic left shoulder pain that she has had for over five years. The pain is almost constant but increases with the use of the left arm. It limits her movement in reaching. She cannot bring her left arm behind her back. There is tenderness over the anterior aspect with a positive impingement test. Abduction is limited to 130 degrees. She has limited external rotation. Treatment requested is for Compound: Gabapentin/Amitriptyline/Dextronet/Versapro day supply: 30 qty: 180, and Compound-Versapro/Flurbiprofen/Cyclobenzaprine day supply: 30 qty: 180 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cmpd-Gapapenti/Amitripty/Dextronet/Versapro day supply:30 qty: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, this request is not considered medically necessary.

Cmpd-Versapro/Flurbipro/Cyclobenz day supply: 30 qty: 180 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This requested topical compound medication contains Cyclobenzaprine. MTUS guidelines specifically state regarding topical muscle relaxants, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Likewise, this requested topical compounded medication is not considered medically necessary.