MAXIMUS Federal Services

Case Number:	CM15-0090176		
Date Assigned:	05/14/2015	Date of Injury:	10/20/2014
Decision Date:	06/16/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation, 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 40 year old male, who sustained an industrial injury on 10/20/2014. The initial complaints, diagnoses and mechanism of injury were not provided. There were no previous documented treatments or diagnostic testing to date. Per the progress report dated 12/19/2014, there were no subjective complaints noted. Pertinent objective findings include no visual abnormalities of the lumbar spine, positive Kemp's test, straight leg raises causes pain on the left, no visual abnormalities of the left shoulder, supraspinatus press causes pain, shoulder apprehension causes pain, and Phalen's test of the left wrist is positive. Relevant diagnoses include lumbago, lumbar radiculitis, and left shoulder impingement syndrome. The treatment plan included a request for acupuncture for the lumbar spine, left shoulder and left wrist, and pending request for electro diagnostic testing, functional capacity evaluation, MSU for the lumbar spine and left shoulder, home exercise kit for the lumbar spine and left shoulder, and MRI studies for the left shoulder, lumbar spine and left wrist. The request for authorization includes retrospective request for amitriptyline/bupivacaine/gabapentin/panthenol dispensed on 12/19/2014 and baclofen/camphor/capsaicin, dexamethasone/panthenol dispensed on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Amitriptyline/bupivacaine/gabapentin/panthenol dispensed on 12/19/14: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Amitriptyline/bupivacaine/gabapentin/panthenol, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine (similar to bupivacaine) is: "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Amitriptyline/bupivacaine/gabapentin/panthenol is not medically necessary.

Retro: Baclofen/camphor/capsaicin/dexamethasone/panthenol dispensed on 12/19/14: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Baclofen/camphor/capsaicin/dexamethasone/ panthenol, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Baclofen/camphor/capsaicin/dexamethasone/panthenol is not medically necessary.