

Case Number:	CM15-0090331		
Date Assigned:	05/14/2015	Date of Injury:	04/30/2014
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57-year-old female with an industrial injury dated 4/30/2014. The injured worker's diagnoses include severe degenerative disc disease in shoulder, right shoulder impingement syndrome, right shoulder sprain/strain, left shoulder impingement syndrome, aseptic necrosis of bone, osteoarthritis of hand, anxiety, depression and medial epicondylitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/09/2015, the injured worker reported anxiety and depression with no complaints of bilateral shoulder or bilateral wrist pain. Objective findings revealed pain with right shoulder apprehension and painful range of motion of the right wrist. Documentation noted that the injured worker reached maximum medical improvement (MMI) for bilateral shoulder s and bilateral wrist on 2/26/2015. The treating physician requested a prescription for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in Cream B and Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm base 30-day supply 180 grams and a prescription for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in Cream B and Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm base 30-day supply 210 grams now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in Cream B and Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm base 30-day supply 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Compound medications; Topical Compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105.

Decision rationale: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in Cream B and Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm base 30-day supply 180 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is no peer-reviewed literature to support the use of topical Baclofen or topical Gabapentin per the MTUS. There is no literature in the MTUS that supports topical Tramadol. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Lidocaine, Baclofen or topical Gabapentin. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations; therefore, this request is not medically necessary.

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