

Case Number:	CM15-0096079		
Date Assigned:	05/26/2015	Date of Injury:	09/05/2014
Decision Date:	06/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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: Preventive Medicine, Occupational 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 61-year-old male, who sustained an industrial injury on 9/5/14. The injured worker was diagnosed as having cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, lumbar spondylosis without myelopathy, partial tear of rotator cuff tendon of left shoulder, lateral epicondylitis of left elbow, carpal tunnel syndrome and tendinitis/bursitis of left hand and wrist. Treatment to date has included physical therapy, oral medications, activity restrictions, topical medications, acupuncture therapy and home exercise program. (MRI) magnetic resonance imaging of left shoulder performed on 2/20/2015 revealed full thickness tear of the supraspinatus tendon, lateral down sloping acromion and mild arthropathy of the acromioclavicular joint. Currently, the injured worker complains of constant severe pain in cervical spine described as aching, constant moderate pain in thoracic spine described as aching, constant severe pain in lumbar spine described as pinching, constant burning pain in left shoulder with radiation to left hand and neck, frequent minimal pain in left elbow and frequent slight pain in left hand and wrist with numbness and tingling into the fingers. He is currently not working. Physical exam noted cervical spine spasm and tenderness to bilateral paraspinal muscles from C2-7, bilateral sub occipital muscles and bilateral upper shoulder muscles with decreased triceps reflexes, trigger point to bilateral thoracic paraspinal muscles from T2-8, spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-L5 with decreased left patellar reflex, spasm and tender to the left rotator cuff muscles and left upper shoulder muscles, spasm and tenderness to the left lateral epicondyle and spasm and tenderness to the bilateral wrists and hands. The treatment pal included prescriptions for topical compounds: Lidocaine/Gabapentin/Ketoprofen and Flurbiprofen/Cyclobenzaprine/Baclofen/ Lidocaine and Flexeril tablets along with a surgical orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), Lidocaine Indication, Gabapentin Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS recommends lidocaine patches 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). Lidocaine is currently not recommended for a non-neuropathic pain. Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm with 2 refills is not medically necessary.

Flexeril 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone.

Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril 10mg #30 with 1 refill is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2% Lidocaine 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), Lidocaine Indication, Gabapentin Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2% Lidocaine 180gm with 2 refills

is not medically necessary.