

Case Number:	CM15-0098010		
Date Assigned:	05/29/2015	Date of Injury:	01/10/2003
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46-year-old female with an industrial injury dated 1/10/2003. The injured worker's diagnoses included neck pain, low back pain and H. pylori infection. Treatment and diagnostics consisted of radiographic imaging, urine drug screens, prescribed medications and periodic follow up visits. In a progress note dated 5/05/2015, the injured worker reported back stiffness and pain. The injured worker rated pain a 3-4/10. The injured worker also reported right shoulder pain rated a 5/10. Documentation noted that the injured worker has been using medications with marked benefit for increased functional capacity, decreased pain and suffering and she continues to work full time do the benefits of the medications. Objective findings revealed pain with lumbar range of motion, pain to paraspinous area of the cervical spine radiating to bilateral shoulders, positive straight leg raise, tenderness to palpitation of the trapezius, tenderness bilateral secondary myofascial pain with triggering and fibrotic banding of right, positive Spurling's maneuver, positive bilateral maximal foraminal compression testing and pain with valsalva. Lumbar spine exam revealed pain to palpitation over the bilateral L4-S1 facet capsules and pain with rotational/ extension and myofascial pain with triggering and fibrotic banding. The treating physician prescribed Keta/Clo/Gab/Lid now under review. The medications listed are Flexeril, Norco and compound topical products.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keta/Clo/Gab/Lid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic compounds can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with localized neuropathic pain such as CRPS. The guidelines recommend that topical products be utilized and evaluated individually for efficacy. There is lack of guidelines and FDA support for the topical use of gabapentin and clonidine. The compounding of guidelines supported medications with not non-supported medications makes the final product non authorized. The criteria for the use of topical keta/clo /gaba/lido was not met. Therefore, the request is not medically necessary.