

Case Number:	CM13-0004764		
Date Assigned:	03/21/2014	Date of Injury:	05/10/2011
Decision Date:	04/23/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/31/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of May 10, 2011. A utilization review determination dated July 23, 2013 recommends noncertification of 2 topical compounds. A progress report dated July 30, 2013 includes subjective complaints indicating that there has been improvement in all areas other than the right shoulder. The note indicates that the patient is using over-the-counter medication which does not relieve his pain. Physical examination identifies reduced range of motion in the right shoulder with positive orthopedic tests. No diagnosis is listed the treatment plan recommends arthroscopy to repair the structures of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CAPSAICIN / FLURBIPROFEN / METHYL SALICYLATE, #30GM (6/12/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not

recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, with diminishing effect over another two-week period. Guidelines go on to state that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine or shoulder. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested topical analgesic is not medically necessary

RETRO: FLURBIPROFEN / DICLOFENAC //TRAMADOL #30GM (6/12/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, with diminishing effect over another two-week period. Guidelines go on to state that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, guidelines do not support the use of topical NSAIDs for treatment of the spine or shoulder. In the absence of clarity regarding those issues, the currently requested topical cream is not medically necessary.