MAXIMUS Federal Services

Case Number:	CM13-0017241		
Date Assigned:	09/23/2013	Date of Injury:	04/18/2012
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California, New Jersey, and Pennsylvania. 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 physician 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:

Recent clinical assessment for review includes a 08/14/13 assessment with treating physician, [redacted], stating chief complaints of pain about the shoulder on the right. He indicates that the claimant is also with mechanism of injury that was consistent with a cervical injury and thoracic injury. He does not document formal physical examination, but does give assessment of a prior MR arthrogram of the right shoulder from 07/05/13 that shows no rotator cuff, bicipital tendon, or labral injury with tendinosis noted at the distal portion of the supraspinatus. A previous assessment of 06/11/13 with [redacted] gave physical examination findings that showed restricted range of motion at endpoints of right shoulder movement with a positive O'Brien's test and positive impingement signs. At the request, there is a recurrent request for continued use of Anaprox as well as two compounded agents to include one with Lidoderm, Ketoprofen, and Flexeril, and the second with Flurbiprofen, Capsaicin, Methanol and Camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of prescription nonsteroidals in this case would not be indicated. The claimant is greater than a year and a half from time of injury with no documentation of functional deficits on examination with a recent negative MR arthrogram demonstrating no mechanical or pathologic findings. It would be unclear at present as to why transition to over-the-counter agents would not be indicated. Guideline criteria does not recommend the role of chronic nonsteroidal medications, but only recommends their use in the shortest amount of time and lowest dose possible. Continued use of this agent would not be supported.

Lido keto cream with Flexeril: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, compounded agent to include Ketoprofen and Flexeril would not be supported. At present, Ketoprofen is not FDA approved for topical use, nor is any degree of muscle relaxant per guideline criteria. California Guidelines do indicate that topical compounded agents are most experimental with very few randomized clinical trials supporting their long term efficacy or use. At this stage in the claimant' clinical course of care, the support for this compounded agent cannot be given.

Flurbiprofen/Capsaicin/Menthol/Camphor: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of this topical agent including Flurbiprofen, Methanol and Camphor. Guideline criteria does not support the role of flurbiprofen or other nonsteroidal agents that are typically not recommended by FDA approval. CA MTUS guidelines states compounded agents are largely experimental with few randomized clinical trials demonstrating their efficacy. The role of this continued agent at this stage in the claimant's chronic course of care given the active agents would not be indicated.