

Case Number:	CM13-0018619		
Date Assigned:	10/11/2013	Date of Injury:	10/24/2008
Decision Date:	01/23/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

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 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 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:

This is a female patient with a date of injury of October 12, 2008. A utilization review determination dated August 12, 2013 recommends noncertification of 2 topical compounds dispensed February 14, 2013. A progress report dated February 11, 2013 identifies subjective complaints stating, "occasional pain in the left shoulder. She has frequent pain in the muscle below her left shoulder. The pain increases with rotation, torqueing motion, reaching overhead, lifting, carrying, pushing, pulling, abduction, or external rotation. The patient notes instability of the left shoulder as well as clicking, popping, or grinding sensations. There is a complaint of swelling, numbness, tingling, and burning sensations. On a scale of one to 10, 10 being the worst, the patient rates the pain at 7." Objective examination findings identify scars on the left shoulder, localized tenderness on the left shoulder, decreased strength with the left shoulder, positive left shoulder rotator cuff examination maneuvers, and a reduced range of motion on the left shoulder. Diagnosis states "status post left shoulder fracture/dislocation with replacement of the greater tuberosity, repair of the rotator cuff tendon." Treatment plan goes on to indicate that the patient is at maximum medical improvement and, "continue with home strengthening exercises. I gave her a prescription for Anaprox and Prilosec as well as topical creams." A progress report dated April 25, 2013 includes a treatment plan stating, "topical creams needed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine compounded cream provided on 2/14/13: 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 request for flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred. In fact the patient was prescribed oral NSAIDs at the same time as the topical compounded medication. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants (as well as the above noted issues with the ongoing use of topical NSAIDs), the currently requested topical compound is not medically necessary.

Tramadol/menthol/camphor/gabapentin/capsaicin compounded cream provided on 2/14/13: 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. Chronic Pain Medical Treatment Guidelines state that topical gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Regarding request for capsaicin cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of guideline support for the use of topical gabapentin (as well as the above noted issues with capsaicin), the currently compounded topical product is not medically necessary.

