MAXIMUS Federal Services

Case Number:	CM13-0021237		
Date Assigned:	11/08/2013	Date of Injury:	09/01/1993
Decision Date:	01/16/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

The patient is a 58-year-old female who reported an injury on 09/01/1993. The patient is currently diagnosed with C4-5 and C5-6 disc herniation and bilateral shoulder impingement syndrome. The patient was recently evaluated by [redacted] on 09/10/2013. The patient complained of worsening shoulder pain, as well as neck pain. Physical examination revealed mildly positive compression testing of the cervical spine, intact sensation, painful range of motion, and capsular tenderness with crepitus of bilateral shoulders. Treatment recommendations included further psychological counseling and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 4% Tramadol 20% Pencream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no documentation of failure to respond to previous oral medications prior to the initiation of a topical analgesic. The patient does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

Diclofenac 30% Pencream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA-approved NSAID for topical treatment includes diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip, or shoulder. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. Additionally, there is no evidence of failure to respond to previous oral medications prior to the initiation of a topical analgesic. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.