

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0021815 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 10/14/2011 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/28/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Family Practice, 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:

The patient is a 57-year-old male who sustained a work related injury on 10/14/11. Since then, the patient has had physical therapy, medication management, cryotherapy, and right shoulder surgery. The most recent progress report dated 6/18/13 revealed continued symptomatology in the cervical spine, right shoulder, bilateral hands/wrists, lumbar spine, and bilateral feet. Physical examination revealed muscle spasms in the cervical spine, positive axial loading compression test, right shoulder joint tenderness, positive impingement sign, limited range of motion, and weakness of the right shoulder. Examination of the bilateral hands/wrists revealed positive Phalen's and Tinel's maneuvers. Lumbar spine examination revealed tenderness at the paravertebral muscles and positive seated nerve root test. Bilateral feet examination was positive for pain and tenderness consistent with plantar fasciitis. The patient's diagnoses include cervical discopathy, lumbar segmental instability, bilateral carpal tunnel syndrome, and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for cyclo/cap/lido/glyc/flur powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines state that topical ointments are largely experimental, and have not been shown to be effective in properly randomized controlled clinical trials. Guidelines do not support the use of topical Lidoderm other than in the form of a patch for postherpetic neuralgia. Flurbiprofen is an NSAID treatment for osteoarthritis and is not supported for topical use. Moreover, guidelines also state that if one of the medications in the compound is not recommended, the topical compound as a whole cannot be recommended. As such, the request for Cyclo/cap/lido/glyc/flur powder is non-certified.

The request for Keto/glyc/lido/cap/tram powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines state that topical ointments are largely experimental, and have not been shown to be effective in properly randomized controlled clinical trials. Ketoprofen is an NSAID not supported for topical use by California MTUS Guidelines or the FDA. Additionally, Tramadol is a synthetic opiate and is not supported for use in chronic pain management. Moreover, guidelines also state that if one of the medications in the compound is not recommended, the topical compound as a whole cannot be recommended. As such, the request for Keto/glyc/lido/cap/tram powder is non-certified.