

Case Number:	CM13-0029190		
Date Assigned:	07/02/2014	Date of Injury:	10/03/2011
Decision Date:	08/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine 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:

Progress note 09-30-2013 documented patient's diagnoses and conditions: adhesive capsulitis of shoulder, post-operative frozen shoulder arthroscopic capsular release and MUA, back problems, bicipital tenosynovitis, impingement syndrome shoulder, past knee surgery, neck condition. Frozen shoulder is almost completely resolved. Date of injury was 10-03-2011. Utilization review decision date was 09-09-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTI-INFLAMMATORY PLUS 240 GMS WUT 1 REFILL (TRAMADOL, KETOPROFEN, BACLOFEN, CYCLOBENAPINE, LIDOCAINE): 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: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. MTUS guidelines do not recommend topical

ketoprofen, baclofen, or muscle relaxants. MTUS guidelines state that the use of topical lidocaine is only supported for post-herpetic neuralgia. Medical records do not document a diagnosis of post-herpetic neuralgia. The use of topical lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia is not supported. The use of topical lidocaine for non-neuropathic pain is not supported. MTUS guidelines state that any compounded topical analgesics product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of topical product containing ketoprofen, baclofen, cyclobenzaprine, lidocaine, and tramadol. Therefore, the request for ANTI-INFLAMMATORY PLUS 240 GMS WUT 1 REFILL (TRAMADOL, KETOPROFEN, BACLOFEN, CYCLOBENAPINE, LIDOCAINE) is Not medically necessary.