

Case Number:	CM13-0030183		
Date Assigned:	11/27/2013	Date of Injury:	02/16/2011
Decision Date:	02/05/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/26/2013

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, and is licensed to practice in Oklahoma and 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 67-year-old female who sustained a work-related injury on 02/16/2011. The clinical information indicates the patient has undergone prior physical therapy, acupuncture, and medication management. The magnetic resonance imaging of the left shoulder revealed a torn rotator cuff, and subsequently, the patient underwent left shoulder arthroscopy followed by postoperative physical therapy. Subjectively, the patient reported improved motion and increased strength with therapy. Physical examination of the left shoulder revealed decreased range of motion, tenderness to palpation, and positive Hawkins and Neer's impingement sign on the left. The patient was also noted to have decreased grip strength. The patient was prescribed topical analgesics and recommended to continue individual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Ointment, 60 Grams Tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state that "topical ointments are largely experimental, have not been shown in properly

randomized controlled clinical trials to be effective, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Additionally, capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. The clinical provided for review lacks documentation supporting a neuropathy pathology, or that the patient has not responded to or is intolerant of other treatments. There is also lack of documentation that the patient has attempted and failed first-line treatment. Given the above, the request is not supported. As such, the retrospective request for capsaicin ointment, 60 grams tube, two to three times a day, quantity: one is non-certified.

GabaKetoLido Ointment 60 Grams tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of gabapentin in topical formulation as there is no peer-reviewed literature to support its use. Additionally, lidocaine in other than the formulation of a dermal patch for postherpetic neuralgia is not supported. Furthermore, ketoprofen is a Nonsteroidal anti-inflammatory drug (NSAID) and the only Nonsteroidal anti-inflammatory drug (NSAID) approved for topical use is Voltaren gel, thus the requested medication is not supported for topical use. Guidelines further go on to state if one of the medications in the compound is not supported, the compound as a whole cannot be recommended. As such, given the lack of recommendation by guidelines, the request is not supported. Therefore, the retrospective request for GabaKetoLido ointment 60 grams tube, two to three times a day, quantity: one is non-certified.