

Case Number:	CM13-0037987		
Date Assigned:	12/18/2013	Date of Injury:	10/01/2011
Decision Date:	03/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 59-year-old female with a 10/1/2011 date of injury. A 8/12/13 requesting physician's progress report states that patient continues to improve with the right shoulder. She is currently in physical therapy. Physical exam revealed cervical spine pain with lateral bend to the right and left with negative Spurling's. The patient is status post right shoulder rotator cuff repair and is using a shoulder immobilizer. Patient will start with post op physical therapy. In the most recent progress note dated 09/10/2013, the requesting physician noted: "The patient is here for follow up. She states her right shoulder is continuing to improve, status post right shoulder rotator cuff repair, arthroscopy, subacromial decompression and AC joint resection." The current request is for a compound topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Diclofenac-Ketoprofen-Gabapentin-Lidocaine Cream: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back chapter, section on Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. The documentation provided for review does not describe neuropathic pain that has failed to be treated with the readily available oral agents such as oral antidepressants, antiepileptics, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance, or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Additionally, the MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin, Diclofenac and Ketoprofen are not supported by the MTUS Chronic Pain Guidelines. Topical Lidocaine in all forms (liquid, gel, cream etc) is not approved except for Lidoderm patches for neuropathic pain. Therefore the request for topical Compound: Diclofenac-Ketoprofen-Gabapentin-Lidocaine Cream is not medically necessary and appropriate.