

<b>Case Number:</b>	CM13-0038040		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 reported an injury on 07/09/2003 after she slipped and fell. The patient was diagnosed with cervicalgia, and has been undergoing treatment for the right shoulder. On 03/02/2012, the patient underwent operative arthroscopy of the right shoulder and bursa with debridement, decompression, release of the coracoacromial ligament and manipulation. An MRI performed on 01/31/2013 noted joint effusion, advanced degenerative changes of the right shoulder joint compatible with osteoarthritis, rotator cuff tear, and suspected degenerative tear of the anterior/posterior labrum. A physical exam from 04/04/2013 indicated that the patient was seen for evaluation and to receive her medication. On exam, it noted severely restricted cervical spine range of motion, sensory, motor, and deep tendon reflexes were intact, and the right shoulder had limited abduction and external rotation. The patient was most recently seen on 08/29/2013, where it was noted that she had received an injection at the hospital under a [REDACTED], who is an Osteopath. The injection provided short term relief but has not continued to reduce the patient's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one month supply of topical compound medication (Ketamine, Gabapentin, Baclofen, Cyclobenzaprine, Flurbiprofen and Salt Stable CrÃ“me): 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): s 111-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Many agents are compounded as monotherapy or a combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Cyclobenzaprine is not recommended for use in a topical compounded product. Therefore, the requested topical compound medication is not medically necessary or appropriate.