

Case Number:	CM13-0038447		
Date Assigned:	12/18/2013	Date of Injury:	06/07/2011
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 48-year-old female with a date of injury of 6/7/11. A utilization review dated 10/10/13 recommends non-certification of pharmacy. It appears that the review was for a topical compound medication. A nerve conduction study performed on 10/5/12 identifies right median axonal neuropathy and left radial neuropathy with possible cervical radiculopathy. A progress report dated 2/8/13 indicates that the patient injured her left shoulder while changing bedsheets. Pain in the left shoulder is worse with activities of daily living and improved with rest. Physical therapy and medications have helped. A progress report dated 5/29/13 indicates that the patient underwent left shoulder surgeries and takes Vicodin 2 tablets per day. The patient has been prescribed multiple topical creams including flurbiprofen, Terocin, laxacin, Genecin, and Gabacyclotram. The note indicates that, creams are helpful. Physical examination identifies 3+ tenderness to palpation in the anterior shoulder with muscle spasm of the anterior shoulder. Diagnoses include left shoulder sprain/strain status post shoulder surgery. The patient appears to be taking oral NSAIDs as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 112.

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

Decision rationale: The request for pharmacy, is a request for topical compounded medication. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory drug (NSAID), guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. In this case, the documentation submitted for review, does provide evidence that the patient is unable to tolerate oral NSAIDs. Additionally, there is no evidence provided that the topical NSAID is going to be used for short duration. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Additionally, there is no documentation provided of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. As such, the requested pharmacy is not medically necessary. The request for Pharmacy is not medically necessary and appropriate.