

Case Number:	CM13-0040301		
Date Assigned:	12/20/2013	Date of Injury:	08/08/2003
Decision Date:	02/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 35 year old female presenting with pain in the neck, shoulders and down the spine following a work related injury on 8/08/2003. The claimant has tried physical therapy, massage therapy, and acupuncture with temporary reduction in her pain. The claimant underwent bilateral carpal tunnel release and arthroscopy of the right shoulder. The claimant's medications include Norco and Soma. The claimant's physical exam was significant for cervical tenderness, painful and restricted motion, positive axial compression and Spurling's, dysesthesia at the C6-7 dermatomes, and right shoulder tenderness and positive Hawkins and O'Brien's. MRI of the left shoulder was significant for supraspinatus tendon tear and superior labral tear. The electrodiagnostic study was significant for evidence of bilateral carpal tunnel syndrome. The claimant was diagnosed with cervical discopathy, chronic pain, cervical/lumbar sprain/strain and bilateral shoulder impingement, and status post ORIF fractured wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical creams- Ketoprofen, Tramadol, Lidocaine, Capsaicin Day Supply: 15, Qty: 60, Refills: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111, California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111, it states that topical analgesics such as lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with cervical discopathy, chronic pain, cervical/lumbar sprain/strain and bilateral shoulder impingement, and status post ORIF fractured wrist which are non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Finally, in regards to Ketoprofen, which is a topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore Ketoprofen, Tramadol, Lidocaine, Capsaicin compounded topical cream is not medically necessary.

Compounded topical creams- Flurbiprofen, Cyclobenzaprine, Lidocaine, Capsaicin Day Supply: 30, Qty: 120, Refills: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111, California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Additionally, Per CA MTUS page 111, it states that topical analgesics such as lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with cervical discopathy, chronic pain, cervical/lumbar sprain/strain and bilateral shoulder impingement, and status post ORIF fractured wrist which are non-neuropathic pain syndrome. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Finally, in regards to Flurbiprofen, which is a topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is

also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, Flurbiprofen, Cyclobenzaprine, Lidocaine, Capsaicin compounded topical cream is not medically necessary.