

Case Number:	CM13-0047167		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2011
Decision Date:	06/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 58-year-old who reported and injury on October 28, 2011. The injured worker reported feeling a "pull" while lifting baskets of merchandise while at work. The MRI dated March 6, 2012 revealed bilateral rotator cuff disease, osteophytosis, shoulder impingement, and supraspinatus tendinosis. The clinical note dated June 15, 2012 reported the injured worker underwent repair of the right rotator cuff. The clinical note dated June 14, 2013 stated the injured worker had positive tinels and phalen's to the right wrist, negative tinels and phalen's to the left wrist, and negative Finkelstein's bilaterally. The injured worker underwent EMG (electromyography) on May 1, 2013 which revealed positive carpal tunnel bilaterally. The injured worker's diagnoses included bilateral shoulder impingement, bilateral shoulder sprain/strain, right wrist internal derangement, carpal tunnel syndrome and sprain/strain, and diabetic neuropathy. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/LIDOCAINE/ AMITRIPTYLINE/PCCA LIPO, 180 COUNT: 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 Section Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for short-term treatment of osteoarthritis and tendinitis affecting joints that are amenable to topical treatment, but this does not include the spine, shoulders or hips. Lidocaine, in any form other than Lidoderm patch, is not indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The site at which the medication was to be utilized was unclear. It did not appear the injured worker had a diagnosis of osteoarthritis and/or tendinitis affecting joints that are amenable to topical treatment. The request for Flurbiprofen/Lidocaine/ Amitriptyline/Pcca Lipo, 180 count, is not medically necessary or appropriate.

GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL/PCCA LIPO, 180 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111,113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with 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. There is little to no research to support the use of many of these agents. Gabapentin is not recommended as a topical. There is no evidence for use of any other muscle relaxant, cyclobenzaprine, as a topical product. As the guidelines do not recommend gabapentin and cyclobenzaprine for topical application, the compounded cream would not be recommended. The request for Gabapentin/Cyclobenzaprine/Tramadol/Pcca Lipo, 180 count, is not medically necessary or appropriate.