

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0047429 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 09/28/2009 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 11/04/2013 |
| 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, has a subspecialty in Pain Medicine 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 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:

This is a patient with a date of injury of 9/28/09. A utilization review determination dated 11/4/13 recommends non-certification of compounded transdermal analgesic (diclofenac, teracaine and gabapentin). 10/23/13 medical report identifies shoulder and wrist pain. On exam, there is tenderness and some diminished active motion of the shoulders because of pain. Passive ROM is normal. Recommendations included a compounded transdermal analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED TRANSDERMAL ANALGESIC (DICLOFENAC, TERACAINE AND GABAPENTIN) TIME 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 Page(s): 111-113.

Decision rationale: Regarding the request for compounded transdermal analgesic (diclofenac, teracaine and gabapentin), California MTUS cites that topical (NSAIDs) non-steroidal anti-inflammatory drugs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term

use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has not been documented. Furthermore, it is supported only as a dermal patch. Gabapentin is not recommended by the CA MTUS for topical use as there is no peer-reviewed literature to support use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested compounded transdermal analgesic (diclofenac, teracaine and gabapentin) is not medically necessary.