

Case Number:	CM13-0051752		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2012
Decision Date:	03/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation 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 54-year-old female who reported an injury on 12/01/2012. Mechanism of injury was described as repetitive motion. She was diagnosed with right shoulder sprain/strain and left shoulder overload pain. Her symptoms are noted to include right shoulder pain. Her objective findings were noted as restricted range of motion of the right shoulder, as well as tenderness to palpation over the greater tuberosity of the humerus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen/cyclobenzaprine/pluronic/ethyl alcohol/ lipmax (30 day supply):

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

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

Decision rationale: According to California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. These medications are usually recommended after the patient has failed antidepressants and anticonvulsants for neuropathic pain. The guidelines further state that when 1 drug contained in a compounded product is not recommended, the compounded product is not recommended. It further states that

the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the patient. The California Guidelines state that the only FDA approved topical NSAID at this time is Voltaren 1% gel. Therefore, the use of topical Ketoprofen is not supported. Additionally, the guidelines state that topical muscle relaxants are not recommended as there is no evidence supporting this use. As the requested topical compound is noted to contain Ketoprofen and Cyclobenzaprine, the request is not supported. As such, the request is non-certified.

Compounded distilled capsaicin/trolamine/carbopol/propyl (30 day supply): Upheld

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

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

Decision rationale: According to California MTUS Guidelines topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. These medications are usually recommended after the patient has failed antidepressants and anticonvulsants for neuropathic pain. The guidelines further state that when 1 drug contained in a compounded product is not recommended, the compounded product is not recommended. It further states that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the patient. According to the MTUS Guidelines, topical capsaicin is only recommended as an option in patients who have not responded or were intolerant to other treatments. The clinical information submitted for review failed to provide details regarding other treatments that the patient did not respond or was intolerant to, to warrant use of topical capsaicin. Additionally, the request failed to indicate which formulation of capsaicin was contained in the compound and the guidelines state that a formulation over 0.025% has not been shown to provide any further efficacy and is not recommended. In the absence of more specific detail regarding the patient's use of topical capsaicin and the other agents contained in this topical compound, it is not supported. As such, the request is non-certified.