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| Case Number: | CM13-0055463 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 11/18/2011 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 & Rehabilitation, and is licensed to practice in Texas. 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 36 year old male who reported an injury on 11/18/2011 secondary to moving a box. He reported 7/10 bilateral shoulder pain radiating to the wrists and hands with some tingling and numbness according to a clinical note on 06/11/2013. He was noted to have a positive left shoulder impingement sign and positive Phalen's signs bilaterally. Diagnoses included right elbow medial epicondylitis, right cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Medications at the time of the aforementioned clinical note included motrin as needed. The injured worker did undergo an unspecified right shoulder surgery previously on an unknown date according to the legible documentation provided. He had an initial chiropractic evaluation on 10/25/2013 and was noted to have pain with cervical and bilateral shoulder range of motion exercises. The clinical information submitted for review failed to provide a request for authorization form to include the rationale and date of request. The injured worker has been recommended for compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION FLURBIPROFEN/CAPSAICIN/MENTHOL: 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 the MTUS Chronic Pain Guidelines, Capsaicin has been recommended for nonspecific low back pain with a 0.025% formulation only when the injured worker has not responded to other treatments. There is no evidence in the documentation provided that the injured worker has not responded to other treatments. The current request does not specify the formulation of Capsaicin contained in the compounded medication, and there is no documentation to support a diagnosis of osteoarthritis in the information provided. Furthermore, the request as written does not include a dosage or frequency. As such, the request is not medically necessary and appropriate.

COMPOUND MEDICATION KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE:
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 the MTUS Chronic Pain Guidelines, Ketoprofen in a topical application has an extremely high incidence of photocontact dermatitis and is not recommended. Cyclobenzaprine is a muscle relaxant. Guidelines state that there is no evidence for use of any muscle relaxant as a topical product. Lidoderm is the only form of topical lidocaine recommended by the MTUS Chronic Pain Guidelines. The medication requested does not contain a recommended formulation of lidocaine. Additionally, MTUS Chronic Pain Guidelines do not support any compounded product containing at least one drug or drug class that is not recommended. The requested medication contains products that are not recommended. Furthermore, the request as written does not include a dosage or frequency. As such, the request is not medically necessary and appropriate.