MAXIMUS Federal Services

Case Number:	CM13-0066027		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2013
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Florida. 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:

This is a 43-year-old male patient with a date of injury 02/28/2013. The mechanism of injury was that the patient was operating a machine when 1 of the parts was not functioning. The patient then lifted the machine up when he felt pain to the shoulders, back and neck area. Conservative care has consisted of Functional Capacity Evaluation, EMG/NCS study which revealed an abnormally peak latency of sensory nerve action and normal study of compound motor action. Impingement test was positive bilaterally but range of motion remained intact

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND-FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE/PCCA LIDODERM CREAM, 20DAY SUPPLY, 180 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111,113.

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

Decision rationale: The CA MTUS Guidelines states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for the cream is non-certified. Objective findings were that there was tenderness to both shoulders. Codman's, drop arm test and Apley's scratch test were positive on the left shoulder. MRI did indicate left shoulder tear. The CA MTUS Guidelines state that topical analgesics are largely experimental and do not recommend multi-compounded products. Given that the guidelines do not recommend this particular topical analgesic the request is non-certified

CMPD-GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL/PCCA LIPODERM CREAM, 20 DAY SUPPLY, 180 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111,113.

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

Decision rationale: The CA MTUS Guidelines states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for the cream is non-certified. Objective findings were that there was tenderness to both shoulders. Codman's, drop arm test and Apley's scratch test were positive on the left shoulder. MRI did indicate left shoulder tear. The CA MTUS Guidelines state that topical analgesics are largely experimental and do not recommend multi-compounded products. Given that the guidelines do not recommend this particular topical analgesic the request is non-certified