

Case Number:	CM14-0002160		
Date Assigned:	01/24/2014	Date of Injury:	08/14/2005
Decision Date:	06/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 14, 2005. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis of bilateral rotator cuff tear; a left shoulder arthroscopy in 2006; a right shoulder arthroscopy in 2006; and unspecified amounts of postoperative physical therapy. In a Utilization Review Report dated December 24, 2013, the claims administrator denied a request for several topical compounded agents. The applicant's attorney subsequently appealed. A September 25, 2013 progress note is notable for comments that the applicant was deteriorating in-so-far as the shoulders were concerned. It was stated that the applicant could use analgesic medications, including non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. A January 13, 2014 progress note was notable for comments that the applicant was using several oral pharmaceuticals, including Neurontin, Naprosyn, Flexeril, Prilosec, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 10% CYCLOBENZAPRINE 3% CAPSAICIN 0.0375% MENTHOL 2% CAMPHOR 1% IN UL 30GM: APPLY BID: 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: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, neither Ketoprofen nor Cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered not recommended, per the MTUS. In this case, it is further noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals effectively obviate the need for the largely experimental topical compound in question. Therefore, the request is not medically necessary, for all of the stated reasons.

KETOPROFEN 10% CYCLOBENZAPRINE 3% CAPSAICIN 0.0375% MENTHOL 2% CAMPHOR 1% IN UL 120 GM APPLY BID: 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: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor Cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is not recommended, per the MTUS. As with the other request, it is noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Neurontin, Naprosyn, Flexeril, Tramadol, etc., effectively obviates the need for what the MTUS deems largely experimental topical agents such as the compound in question here. Therefore, the request is not medically necessary, for all of the stated reasons.