

Case Number:	CM14-0003649		
Date Assigned:	02/03/2014	Date of Injury:	04/02/2008
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 62 year old female who reported an injury on 04/02/2008. The injured worker was seen for a follow up evaluation on 10/14/2013 with a complaint of right shoulder pain. She was status post right shoulder rotator cuff repair with cortical screw present within the humeral head. The range of motion values were all 10 degrees under normal for the right shoulder. Impingement and Jobe's test were positive on the right side. Speeds, Compression and Apprehension tests were negative. The treatment plan was for steroid injections to the right shoulder. The request for authorization for medical review was not provided with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0,025% / FLURBIPROFEN 30% / METHYL SALICYLATE 4% / LIPODERM BASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: The MTUS Chronic Pain Guidelines for Topical Analgesics state any compounded product containing a drug or class of drug that is not recommended is not recommended. The MTUS Chronic Pain Guidelines note Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) is indicated for neuropathic pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The request contains Lidocaine which is not indicated for topical application in forms other than the Lidoderm patch and Capsaicin which is only recommended as an option when patients are intolerant to other treatments. The compounded medication contains components which are not recommended. Therefore, the request is not medically necessary and appropriate.

FLURIPROFEN 30% / TRAMADOL 20% / LIDODERM BASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: The MTUS Chronic Pain Guidelines for Topical Analgesics state any compounded product containing a drug or class of drug that is not recommended is not recommended. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, the MTUS Chronic Pain Guidelines state the efficacy of NSAID's in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It did not appear the injured worker had osterarthritis to an area which would be amenable to topical treatment. Additionally, the request includes "lidoderm base." The topical use of any form of lidocaine other than a lidoderm patch would not be recommended. Therefore, the request is not medically necessary and appropriate.