MAXIMUS Federal Services

Case Number:	CM14-0009185		
Date Assigned:	02/14/2014	Date of Injury:	06/30/2011
Decision Date:	06/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 41-year-old female who reported an injury on 06/30/2011 secondary to unknown mechanism of injury. The injured worker was evaluated on 01/20/2014 for reports of neck pain and bilateral shoulder pain. The exam noted spasm and tenderness and guarding to the paravertebral muscles of the cervical spine along with decreased range of motion. The exam also noted the loss of motor strength over the left deltoid to be a grade of 4/5. Diagnoses included cervical radiculopathy, shoulder impingement, elbow tendonitis/bursitis, wrist tendonitis/bursitis, and generalized pain. The Request for Authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATIONS: KETOPROFEN POWDER, LIDOCAINE POWDER, BACLOFEN POWDER, PCCA LIPODERM BASE: 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: The California MTUS Guidelines do not recommend the use of lidocaine topically other than in a dermal patch such as Lidoderm. The guidelines further state baclofen is not recommended as a topical medication. The guidelines do state that the use of NSAIDs topically has been shown to be effective for osteoarthritis of the knee, elbow or other joints for short-term period of 4 to 12 weeks. The guidelines further state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, there is a lack of indication of the body part that the compound medication is being prescribed for. The quantity/volume being prescribed is also absent in the request. Therefore, based on the documentation provided, the request is not medically necessary.