

Case Number:	CM14-0108529		
Date Assigned:	08/01/2014	Date of Injury:	12/31/2012
Decision Date:	10/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 Emergency Medicine 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 51-year-old female who reported an injury on 08/31/2010. The mechanism of injury reportedly occurred when she was pulling a cart full of heavy items. Her diagnoses included left shoulder subacromial impingement syndrome, status post left shoulder arthroscopy and debridement, lumbar musculoligamentous sprain/strain with buttock neurologic symptoms, and possible facet arthropathy, and mild stenosis at L4-6 level. Her previous treatments included injections, physical therapy, chiropractic treatment, and a home exercise program. Her diagnostics included x-rays of the left shoulder, x-rays of the lumbar spine, and an MRI of the left shoulder and lumbar spine. Her previous surgeries included a left shoulder arthroscopy on 07/13/2011 and another left shoulder arthroscopy on 04/30/2014. On 06/06/2014, the injured worker complained of frequent left shoulder pain and rated her pain at 3/10 to 8/10. She also reported catching pain in front of the shoulder and it felt worse at night. The physical examination to the left shoulder revealed forward flexion at 150 degrees, abduction at 110 degrees, internal rotation at 45 degrees, and external rotation at 35 degrees. Her medication was noted as topical creams. The treatment plan was for ketoprofen 20%/ketamine 10% cream 120 grams and flurbiprofen 20% cream 120 grams. The rationale for the request was to provide an adjunctive treatment to allow reduction in the total amount of oral medications required. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20 Percent/Ketamine 10 Percent Cream 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: As stated in the California MTUS Guidelines, topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Using these compounded agents requires familiarity of the specific analgesic effect of each agent and how it will be used for the specific therapeutic goal required. Ketamine is also recommended for the treatment of neuropathic pain in refractory cases where all primary and secondary treatment has been exhausted. The injured worker complained of frequent left shoulder pain that was worse at night. The guidelines indicate that topical analgesics are mainly recommended for neuropathic pain when there has been a failed trial of antidepressants and anticonvulsants; however, there was a lack of documentation that stated that the injured worker suffered from neuropathy or that she had a trial of antidepressants or anticonvulsants and failed. Also, ketamine is only recommended for the treatment of neuropathic pain when first and second line treatment have failed, but the clinical documentation does not detail previous therapies that have failed. Furthermore, the request failed to provide information such as the frequency of the cream and how it will be applied as prescribed. As such, the request for Ketoprofen 20%/ketamine 10% cream 120 grams is not medically necessary.

Flurbiprofen 20 Percent Cream 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: As stated in the California MTUS Guidelines, topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The effectiveness in clinical trials for nonsteroidal anti-inflammatory agents has been inconsistent and most studies are small and of short duration. In a meta-analysis, it was shown that topical NSAIDs are superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 week period. The injured worker complained of frequent left shoulder pain that was worse at night. He was status post left shoulder arthroscopy and attending physical therapy. The guidelines indicate that topical NSAIDs have a diminishing effect after 2 weeks of treatment. The guidelines indicate that topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; however, there was a lack of information that detailed whether or not the injured worker had trialed antidepressants and anticonvulsants and failed the therapy. Furthermore, the request failed to provide the frequency of the medication

and how it will be applied as prescribed. As such, the request for flurbiprofen 20% cream 120 grams is not medically necessary.