

Case Number:	CM14-0017022		
Date Assigned:	03/07/2014	Date of Injury:	10/17/2010
Decision Date:	08/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old male was injured on October 17, 2010. The mechanism of injury was moving heavy equipment. The most recent progress note, dated January 22, 2014, indicates that there are ongoing complaints of left shoulder pain and weakness which radiates to the left elbow. The physical examination demonstrated tenderness to the acromioclavicular joint as well as the anterior and posterior portions of the shoulder. The treatment plan included refills of zolpidem, Cartivasc, hydrocodone, omeprazole, naproxen, cyclobenzaprine, gabapentin/lidocaine/tramadol and capsaicin/ diclofenac/ tramadol/ ketoprofen/ camphor/ menthol. A urine drug screen was also recommended. Previous treatment includes left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACIOFEN/FLURBIPROFEN/ACETYL-CARNITINE 7/60/125MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, 113.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request is not medically necessary.