

Case Number:	CM14-0112163		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2012
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 59-year-old male was reportedly injured on April 24, 2012. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of left shoulder pain with no changes noted subsequent to the previous evaluation. The pain was rated at 6/10. The physical examination demonstrated a 6'1", 229 pound individual who was hypertensive (148/96) with no change or improvement, tenderness of the posterior aspect of the shoulder, decreased strength and decreased range of motion. Diagnostic imaging studies objectified surgical changes within the left shoulder and possible new pathology. Previous treatment included surgical intervention, multiple medications, topical preparations and pain management intervention. A request had been made for topical preparations and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/cyclo/menth 20%/10%/4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for Flurbiprofen/cyclo/menth 20%/10%/4% is not medically necessary.

Keratek Analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: This ointment is a topical analgesic ointment containing methyl salicylate 20.00%, and menthol 5.00%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials supporting the efficacy of such intervention. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. Furthermore, the progress notes do not support that there is any efficacy or utility with this application such as decreased pain or increased functionality. As such, in accordance with the MTUS the requested Keratek Analgesic Gel is not medically necessary.