

Case Number:	CM14-0159141		
Date Assigned:	10/02/2014	Date of Injury:	06/27/2013
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

This injured worker is a 67 year old man involved in a work related injury from 6/27/13. The injured worker sustained injuries to the neck, back and left shoulder. The injured worker had a left shoulder arthroscopy in 2/2014. There is an 8/20/14 note indicating ongoing neck and shoulder pain. There is occasional use of Percocet. There was limited range of motion at the cervical spine with tenderness. The injured worker had some improvement in shoulder range of motion with prior physical therapy, although some deficits remained and the injured worker had some residual weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3%/5%) 180g Topical Compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Based on the Medical Treatment Utilization Schedule, the requested topical compound is largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants

and anticonvulsants have failed (Namaka, 2004). There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guideline criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this worker's clinical scenario. It is not clear that the injured worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no Food and Drug Administration approval for a topical form, have no identified clinical application in topical form, or both. Therefore, this request is not indicated as medically necessary at this time.