

Case Number:	CM14-0021735		
Date Assigned:	05/05/2014	Date of Injury:	11/23/2011
Decision Date:	07/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

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 has a subspecialty in Sports 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 30-year-old male who reported a lifting injury on 11/23/2011. Within the clinical note dated 02/11/2014 reported postoperatively 2 months after a right shoulder arthroscopy, scar debridement, and removal of sutures with an unquantified amount of pain. The note also stated the injured worker had completed an unknown number of physical therapy sessions. The physical exam revealed the injured worker had a healed incision with some residual pain and marked internal rotation contracture. The rest of the physical exam revealed unremarkable findings. The Request for Authorization was dated 01/13/2014 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND CONSISTING OF FLURBIPROFEN 25% DICLOFENAC 10% 240 GRAMS: 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: The California MTUS Guidelines state diclofenac is indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand,

knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. There was no support within the documentation to show the injured worker was unable to utilize oral medications or a failure there of. Additionally, the medical records did not indicate the body part that is to utilize this compound and additionally the etiology of the pain is musculoskeletal of nature. Without documentation to show a guideline approved body part and an etiology to show the pain to be neurological, the guidelines do not support the request. As such, both of these indices are contraindicated by the guidelines. The request for topical compound consisting of flurbiprofen 25% and diclofenac 10% 240 grams is not medically necessary.

TOPICAL COMPOUND CONSISTING OF CAPSAICIN0.0375/MENTHOL10%/CAMPHOR 2.5%/TRAMADOL20%: 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: The California MTUS Guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In addition, the guidelines state any compound product that contains at least one drug or drug class that is not recommended is not recommended. There was no support within the documentation to show the injured worker was unable to utilize oral medications or a failure there of. As such, the requested topical compound containing capsaicin 0.0375% exceeds the recommended maximum of 0.025% capsaicin and is medically unnecessary. The topical compound consisting of capsaicin 0.0375%/menthol 10%/camphor 2.5%/tramadol 20% is not medically necessary.