

Case Number:	CM14-0022453		
Date Assigned:	06/11/2014	Date of Injury:	11/28/2010
Decision Date:	07/15/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The injured worker is a 66 year old female injured on 11/28/10 when she tripped and fell over a pallet roller. Current diagnoses include left shoulder rotator cuff tendinitis and adhesive capsulitis and status post left shoulder arthroscopy on 03/14/13. The injured worker received ongoing evaluation for increased pain to the left shoulder and weakness to the left arm. The injured worker completed 18 post-operative physical therapy sessions targeted at the left shoulder following left shoulder arthroscopy. Objective findings on 11/19/13 revealed decreased shoulder range of motion, reflexes intact and symmetrical, negative Babinski and Hoffman sign bilaterally, sensation intact bilaterally, and muscle strength 5/5. The treatment plan included additional physical therapy due to loss of range of motion and deconditioning. The initial request for compound med-Cyclo /Keto/Lido cream was initially non-certified on 02/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MED-CYCLE KETO LIDO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111 Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Compound Med-Cyclo Keto Lido Cream cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.