

Case Number:	CM14-0026949		
Date Assigned:	06/13/2014	Date of Injury:	12/17/2006
Decision Date:	08/04/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 Physician 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:

According to the records made available for review, this is a 63-year-old female with a 12/17/06 date of injury, and open reduction and internal fixation of left proximal humerus fracture on 1/3/08. At the time (2/11/14) of request for authorization for Amitriptyline/Tramadol/Dextro 4/20/10% # 240 and Flurbiprofen-Diclofenac 25/10% # 240, there is documentation of subjective (left shoulder pain) and objective (limited range of motion and tenderness on left shoulder) findings, current diagnoses (chronic regional shoulder girdle myofascial pain and left shoulder adhesive capsulitis), and treatment to date (oral medications (including opioids and Diclofenac) and topical compounded medications (including Flurbiprofen-Diclofenac)). Regarding Flurbiprofen-Diclofenac, there is no documentation of osteoarthritic pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); short-term use (4-12 weeks); failure of an oral NSAID or contraindications to oral NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen-Diclofenac use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLIN/ TRAMADOL/DEXTRO 4/20/10% # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that many agents are compounded as monotherapy or in combination and there is little to no research to support the use of many these agents. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for ongoing use of Amitriptylin/Tramadol/Dextro 4/20/10% # 240 is not medically necessary.

FLURBIPROFEN- DICLOFENAC 25/10% # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of chronic regional shoulder girdle myofascial pain and left shoulder adhesive capsulitis. In addition, there is documentation of ongoing treatment with Flurbiprofen-Diclofenac since at least 7/1/11 and oral NSAIDs (including Diclofenac). However, there is no documentation of osteoarthritic pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Flurbiprofen-Diclofenac since at least 7/1/11, there is no documentation of short-term use (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen-Diclofenac use to date. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen-Diclofenac 25/10% # 240 is not medically necessary.

