

Case Number:	CM14-0031937		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2009
Decision Date:	08/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 and Environmental Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in West Virginia. 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 individual is a 55 year old male with a 6-5-09 date of injury. It is noted that the individual initially injured himself on 1-15-09 and suffered a re-injury on 6-5-09. Subjective complaints include headaches, right shoulder pain with numbness and tingling and shooting pain to both upper extremities, back pain which makes it difficult to sleep, and breathing difficulties. Pertinent diagnoses include impingement syndrome of right shoulder with adhesive capsulitis and post-operative anterior cervical fusion. This individual also has uncontrolled hypertension, which spikes when pain increases. He has difficulty balancing, walks with a cane and uses a home health aide for assistance with activities of daily living. The available records note a request for a prescription of a compounded topical medication containing; Ketamine (anesthetic), kyclobenzaprine (muscle relaxant), Baclofen (antispasmodic), Diclofenac (NSAID), Lidocaine (anesthetic) and Gabapentin (anticonvulsant). This was prescribed for control of shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound 120gm topical x15 days, 120 x15 days, no refills, Ketamine (anesthetic), Cyclobenzaprine (muscle relaxant), Baclofen (antispasmodic), Diclofenac (NSAID), Lidocaine (anesthetic), Gabapentin (anticonvulsant): Upheld

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

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

Decision rationale: Topical analgesics are largely experimental with very few randomized controlled trials to determine efficacy and safety. MTUS Guidelines state they are primarily used for neuropathic pain when antidepressants and anticonvulsants have failed. There is little evidence to support topical NSAIDs, such as Diclofenac, in the treatment of osteoarthritis of the spine, hip, or shoulder. There is no evidence to support use in treatment of neuropathic pain. Lidocaine is only recommended for localized peripheral pain after evidence of a trial of first-line therapy. Ketamine is recommended for neuropathic pain in refractory cases when primary and secondary treatments have been exhausted. There is no evidence to support the use of a muscle relaxant such as Cyclobenzaprine topically. Neither Baclofen or Gabapentin are recommended. There are no studies to support their use topically. MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended for use. Therefore, the request is not medically necessary.