

Case Number:	CM14-0032222		
Date Assigned:	06/20/2014	Date of Injury:	09/14/2007
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
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 Medicine 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 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 patient is a 58 year old male with dates of injury 09/14/2007 and 12/12/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/05/2013, lists subjective complaints as pain in the left shoulder, low back and left ankle. Objective findings include tenderness to palpation at the supraspinatus muscle and tendon attachment sites and decreased range of motion in all planes. Examination of the lumbar spine revealed tenderness to palpation, muscle guarding and decreased range of motion. Examination of the left ankle revealed tenderness to palpation over the medial and lateral malleolus and decreased range of motion in all planes. Diagnosis: 1. Left shoulder rotator cuff tear 2. Lumbar spine HNP 3. Lumbar radiculopathy 4. Enthesopathy of left ankle 5. Mild calcaneal spur left ankle 6. Anxiety 7. Insomnia 8. Stress 9. Mood disorder. The medical records provided for review document that the patient has been prescribed topical analgesics at least as far back as 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 240gm Cyclobenzaprine 2% / Flurbiprofen 25% (topical compounded medication): 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 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. As such, the request is not medically necessary and appropriate.

1 prescription for 240gm Diclofenac 25% / Tramadol 15% (topical compounded medication): 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 9792.20 - 9792.26 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the MTUS Chronic Pain Guidelines, there is little to no research to support the use of many of these compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. Documentation in the medical record does not meet Guideline criteria. As such, the request is not medically necessary and appropriate.