

Case Number:	CM14-0032507		
Date Assigned:	04/11/2014	Date of Injury:	04/27/2013
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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:

In a utilization review report of January 22, 2014, the claims administrator denied a request for flurbiprofen gel, ketoprofen/ketamine gel, and gabapentin/cyclobenzaprine/capsaicin topical cream as these medications are not necessary, and Tylenol as right shoulder surgery was not necessary and this medication was noted for post-op use. Review of progress notes show that patient has neck pain radiating to the mid-back and to bilateral upper extremities. There is also right shoulder pain radiating to the elbow with very limited range of motion and tenderness, accompanied by numbness and tingling of the right upper extremity. There are findings consistent with shoulder impingement and rotator cuff tear. With regards to the neck, there is cervical compression and Spurling's maneuver. There is also a palpable step off at C4-5, which is tender. Right shoulder MRI dated August 04, 2013 showed full thickness complete tear of the supraspinatus tendon, atrophy of the infraspinatus, degenerative tear of the anterior labrum, and degeneration of the AC joint. Patient is taking NSAIDs as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20 PERCENT GEL: 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 Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Flurbiprofen is not supported by CA MTUS as a topical medication. There is no indication in this case as to patient's intolerance to oral medications. The patient is currently taking ibuprofen as needed for pain. Therefore, the request for flurbiprofen 20% gel was not medically necessary per the guideline recommendations of (ODG) Official Disability Guidelines.

KETOPROFEN 20 PERCENT/KETAMINE 10 PERCENT GEL 120GM: 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 Page(s): 112-113.

Decision rationale: As noted on page 112-113 of the Chronic Pain Medical Treatment Guidelines, ketoprofen, is not recommended for topical applications. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. In this case, the patient has not been on this medication as per records. There is no evidence to support the use of these medications, and no rationale to support use of a combination. Therefore, the request for ketoprofen/ketamine gel was not medically necessary per the guideline recommendations of MTUS.

GABAPENTIN 10 PERCENT/CYCLOBENZAPRINE 10 PERCENT/CAPSAICIN 0.0375 PERCENT 120GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not recommend the use of gabapentin and topical formulation. CA MTUS does not recommend muscle relaxants as topical medication. CA MTUS also does not recommend the use of capsaicin 0.0375 and topical formulation. As per progress notes, patient has just been prescribed this medication. There is no discussion concerning the failure of oral medications in this patient.

Therefore, the request for gabapentin/cyclobenzaprine/capsaicin was not medically necessary per the guideline recommendations of MTUS.

TYLENOL 300/30MG 1TAB ORALLY EVERY 4-6 HOURS AS NEEDED #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12, 16-17 79-81.

Decision rationale: As stated on page 75 of the Chronic Pain Medical Treatment Guidelines, opioids are recommended as analgesic treatment of moderate to severe pain. A previous utilization review indicated that Tylenol 300/30mg was requested for post-op use. In this case the latest progress note indicates that the usual pain score in the neck is 1-2/10 which represents mild pain. Therefore, the request for Tylenol 300/30mg 1 tab orally every 4-6 hours as needed #3 was not medically necessary per the guideline recommendations of MTUS.