

Case Number:	CM14-0034021		
Date Assigned:	06/20/2014	Date of Injury:	07/11/2011
Decision Date:	08/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 Family Practice, 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:

65 yr. old male claimant sustained a cumulative work injury between 4/1/81-7/11/11 involving both shoulders. He was diagnosed with bilateral shoulder strain and impingement syndromes. He underwent physical therapy treatment. Due to cardiac issues he was unable to undergo shoulder surgery. He was unable to take NSAIDs due to anti-coagulant use. He was previously given Tramadol for pain and the treating physician had requested TENS unit, shoulder injections and behavioral therapy. A progress note on 2/27/14 indicated the claimant had continued pain in the right shoulder. Therapy improved his lifting capacity. The treating physician ordered additional therapy and topical Diclofenac 10%/Flurbiprofen 10%, Gabapentin 10%, Lidocaine/Hyaluronic acid 0.1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Medication Diclofenac 10%/Flurbiprofen 10%, Gabapentin 10%, Lidocaine/Hyaluronic acid 0.1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Based on the guidelines, the combined topical cream requested above containing Gabapentin is not medically necessary.