

Case Number:	CM14-0036195		
Date Assigned:	07/11/2014	Date of Injury:	06/15/2010
Decision Date:	08/14/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old female who reported an injury on 07/31/2005. The mechanism of injury was not stated. Current diagnoses include right shoulder impingement syndrome, right shoulder rotator cuff tear, right shoulder pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. The injured worker was evaluated on 02/10/2014 with complaints of bilateral shoulder pain. Physical examination on that date was not provided. Treatment recommendations at that time included continuation of the current medication regimen and a request for authorization for a rail to be installed to assist in getting in and out of the bathtub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketofen Mild (Capsaicin 0.0375%/Baclofen 5%/Ketoprofen 20%) in 240mg: 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): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is only recommended for patients who are intolerant to other treatments. Muscle relaxants are not recommended as a topical product. The only FDA approved topical NSAID is diclofenac. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Rail installation for bathtub: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Medical conditions that result in physical limitations may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. As such, the request is not medically necessary.