

Case Number:	CM14-0039746		
Date Assigned:	06/27/2014	Date of Injury:	08/12/2013
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Oklahoma. 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 45 year old male who reported an injury on 8/12/13 due to falling and injuring his left shoulder. The injured worker had a history of left shoulder pain with diagnoses of rotator cuff tear and bursitis/synovitis. The past treatments included acupuncture and 16 sessions of physical therapy with minimal complaints of pain. The diagnostics included an x-ray to the left shoulder. Per the clinical note dated 1/23/14, the injured worker underwent a left shoulder arthroscopic rotator cuff repair. Per the clinical note dated 5/23/14, the physical examination of the left shoulder included range of motion with forward elevation of 150 degrees, abduction of 140 degrees, internal rotation at 70 degrees, and external rotation of 90 degrees with slight tenderness. The postoperative clinician's notes did not provide medication or a pain scale. Per the clinical note dated 5/23/14 the treatment plan included home exercise program, to continue the medication as needed, continue work modification and followup in 1 month for reassessment. The clinical note dated 5/23/14 also indicated that the injured worker was improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 grams: 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: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of symptomatic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. However, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the clinical notes provided no medications were available for review; neither was a pain scale for the injured worker. As such, the request is not medically necessary.