MAXIMUS Federal Services

Case Number:	CM14-0041896		
Date Assigned:	06/30/2014	Date of Injury:	11/12/2012
Decision Date:	08/15/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 an unknown year old female who sustained a work related injury on 11/12/2012 as result of an unknown mechanism of injury.Since then she continues to experience right shoulder pain and ultimately underwent a complex rotator cuff repair on 06/13/13. Since her surgery, she's been to physical therapy with no documented change in her range of motion. In fact, on her last two progress reports (12/3/13 and 12/31/13) she has a five (5) degree reduction in her internal rotation documented. She continues to express that she is improving with no express of symtomatology of any kind on the submitted progress reports. On physical examination is the patient's active range of motion for her shoulder (forward flexion is 160 degrees, abduction is 150 degrees, internal rotation is 70 degrees and external rotation is 80 degrees. Grip strength testing documents right hand 20/20/20, left hand 40/40/40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen powder/Cyclobenzaprine powder/Capsaicin powder/Menthal crystals/Camphar crystals/Pccalipoderm base 120 gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter.

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

Decision rationale: 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 systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. The addition of Gabapentin is NOT recommended as there is no peer reviewed literature support for its use.Because the patient does not have a documented complaint of neuropathic pain, failed antidepressant treatment trial and MTUS guidelines do not recommend use of Gabapentin in topical creams because of lack of peer reviewed literature, I find the request for the topical analgesic cream not medically necessary.

Gabapentin powder/ Ketaprofen powder/Lidocaine HCL powder/PCCA Lipodermbase 120 gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter.

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

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