

Case Number:	CM14-0052065		
Date Assigned:	07/07/2014	Date of Injury:	09/20/2009
Decision Date:	09/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 a 45-year-old male who sustained a work related injury on 9/20/2009 as a result of cumulative repetitive movements, which include; bending and stocking of merchandise and intermittent heavy lifting. The patient continued to complain of right shoulder and lower back pain. His lower back and left leg pain is worsened by prolonged standing, in particular as the day progresses. He also complains of fairly constant left thigh numbness. The single progress report, dated April 3, 2014, finds upon exam mild midline tenderness in the lumbosacral junction and at the right L5-S1 facet joint, and has full range of motion of the lumbar spine. He is neurologically intact, has a negative straight leg raise, free of nerve root tension signs. His discomfort is fairly well controlled with anti-inflammatory and pain medication use on an as needed basis. A right shoulder MRI dated 03/08/2013 identifies moderate rotator cuff tendinosis, moderate severe biceps tendinosis with mild medial subluxation of the biceps tendon, a tear of the anterior, a superior glenoid labrum and mild to moderate capsular thickening and increased signal suggesting adhesive capsulitis. In dispute is a retrospective decision for Ketoprofen 20% Powder 24gm in Lipoderm Base 96gms and Cyclobenzaprine 10% 12gms, Tramadol Powder 10% 12gm in Lipoderm Base 96gms with the DOS 11/22/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen 20% Powder 24gm in Lipoderm Base 96gms. DOS 11/22/2011:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Namaka, 2004, Colombo, 2006.

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

Decision rationale: Topical analgesics (compounded) 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 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. It is extremely difficult to provide an objective decision when provided a single progress report, that is dated two and half years after the requested medication was dispensed. Based upon the information provided, I find that the requested topical medication is not medically necessary.

Retrospective Cyclobenzaprine 10% 12gms, Tramadol Powder 10% 12gm in Lipoderm Base 96gms DOS 11/22/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Namka, 2004, Colombo, 2006.

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

Decision rationale: Topical analgesics (compounded) 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 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. It is extremely difficult to provide an objective decision when provided a single progress report, that is dated two and half years after the requested medication was dispensed. Based upon the information provided, I find that the requested topical medication is not medically necessary.