

Case Number:	CM14-0054515		
Date Assigned:	07/07/2014	Date of Injury:	01/12/2011
Decision Date:	09/05/2014	UR Denial Date:	03/30/2014
Priority:	Standard	Application Received:	04/23/2014

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 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:

This is a 38-year-old male who sustained injury on 01/12/2011 while he was unloading a truck, tossing boxes when he felt a pop in his right shoulder. Treatment history includes physical therapy and medications (Flexeril, Gabapentin, Norco, Naproxen, and Tramadol). He had right shoulder subacromial decompression with an anterior clavicle acromioplasty/excision of AC joint and had postop physical therapy. A progress report dated 03/07/2014 indicates he complained of pain at the right shoulder primarily over posterior aspect. The pain was 5 on a scale of 1-10 without medications and 2 with medications. On physical exam, range of motion of right shoulder was limited with flexion 150, abduction 160, IR to low back, and ER to 45. There was tenderness over trapezius, AC joint, and anterior glenohumeral joint with significant triggering related to complaints of paresthesias in the right upper extremity. He was diagnosed with status post right shoulder SAD, AC arthrosis, labral tear, and chronic shoulder pain rule out radiculopathy. UR dated 03/30/2014 indicates the request for Ketogel, Kapishot, and Cyclogel was non-certified because the CA MTUS guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketogel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Furthermore, the topical compound creams are largely experimental. The CA MTUS/ODG states that "the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel), and Ketoprofen is not recommended." Per the CA MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.

Kapishot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Furthermore, the compound creams are largely experimental. There is no information as to the ingredients of this product. According to the CA MTUS guidelines, Gabapentin, cyclobenzaprine, amitriptyline and lidocaine are not recommended in topical formulation. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per the CA MTUS any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.

Cyclogel 1gm #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) .

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Furthermore, the compound creams are largely experimental. There is no information as to the ingredients of this product. According to the CA MTUS guidelines, Gabapentin, cyclobenzaprine, amitriptyline and lidocaine are not recommended in topical formulation. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per the CA MTUS any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.