

<b>Case Number:</b>	CM14-0066983		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 & 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 46-year-old male who reported an injury on 07/21/2012. The mechanism of injury was not provided within the documentation. The injured worker's diagnoses were noted to be right shoulder impingement, bicipital tendonitis and labral re-tear. On 02/19/2014, the injured worker presented for a physical examination. The injured worker had undergone a recent MR arthrogram on 01/03/2014 of the right shoulder and the injured worker was reporting increased shoulder discomfort. He denied numbness and radiating pain. The physical examination revealed right shoulder previous surgical portals well healed, no edema, erythema, or increased warmth noted. It was tender to palpation about the RC insertion as well as anterior capsule and biceps insertion. Range of motion was diminished. There was positive Speed's and O'Brien's sign reproducing anterior capsule pain, as well as positive impingement sign with Hawkins' and Neer's. The treatment plan was for right shoulder arthroscopy with debridement, subacromial decompression with labral repair versus debridement and possible biceps tenotomy versus tenodesis. The provider's rationale for the request was not provided within the documentation dated 02/19/2014. A Request for Authorization for medical treatment was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medications #4, NCP lotion, Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3 %, Gabapentin 6%, and Lidocaine 2%: 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): 111-112.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested lotion contains Lidocaine. The guidelines state no other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The requested lotion also contains Baclofen. The guidelines do not recommend Baclofen. There is currently 1 phase III study of Baclofen, Amitriptyline, and Ketamine gel in cancer patients for treatment of chemotherapy induced peripheral neuropathy. There is no peer reviewed literature to support the use of topical Baclofen. The requested lotion also contains Gabapentin. The guidelines do not recommend Gabapentin, stating there was no peer reviewed literature to support its use topically. The documentation submitted for review does not indicate a failed line of antidepressant or anticonvulsant therapy. The documentation provided for review fails to provide an adequate pain assessment. There is not enough significant information to support neuropathic pain. In addition, the request does not indicate a frequency or an application site. As such, the request for compounded medications #4, NCP lotion, Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6% and Lidocaine 2% is not medically necessary.