

Case Number:	CM14-0073969		
Date Assigned:	07/16/2014	Date of Injury:	01/01/2012
Decision Date:	08/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopaedic Surgery, 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 44-year-old female sustained an industrial injury on 1/1/12. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopic rotator cuff repair on 11/16/13. The 3/27/14 orthopedic report documented follow-up regarding the right shoulder. Physical exam documented right shoulder range of motion as flexion 160, abduction 160, and external/internal rotation 60 degrees. There was 4/5 global right shoulder strength with no glenohumeral instability. Additional physical therapy was requested for 12 visits to focus on aggressive strengthening and stretching. The treatment plan recommended the patient wean off pain medications. The 4/10/14 secondary treating physician report cited complaints of mild and occasionally moderate head, bilateral shoulder, upper back, and right wrist pain. Pain was relieved by physical therapy and medications. Cervical exam documented tenderness and spasms with limited range of motion due to pain. Sensation and reflexes were intact. There were positive compression, Spurling's and distraction tests. Upper extremity exam documented decreased right grip strength, bilateral trapezius, glenohumeral, and acromioclavicular joint tenderness. There were positive impingement and apprehension tests on the right. There was decreased global right upper extremity range of motion secondary to pain. There was tenderness to palpation over the right lateral epicondyle, carpal bones, and radiocarpal and ulnocarpal joints. There was positive wrist crepitus on the right. The diagnosis was status post cervical spine surgery, cervical sprain/strain, left shoulder sprain/strain, status post right shoulder arthroscopy, and clinical right carpal tunnel syndrome. The treatment plan indicated the patient had sufficient oral medications at this time, with the exception of pantoprazole which was prescribed and a change in muscle relaxant to diazepam. The provider indicated that he was going to prescribe transdermal compounds. The 5/9/14 utilization review denied the request for compound transdermal medications as this appeared to be off-label use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication, transdermal: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guideline criteria have not been met. The current request for transdermal compound medication does not provide the specificity needed to establish medical necessity. Given that topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety, this request for transdermal compound medication is not medically necessary.