

Case Number:	CM14-0076506		
Date Assigned:	07/18/2014	Date of Injury:	03/20/2011
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 57 year old male presenting with chronic pain following a work related injury on 03/20/2011. On 06/05/2014, the claimant complained of left shoulder pain, and stiffness. The claimant has tried stretching exercises and topical NSAIDs. The claimant is also status post rotator cuff repair. According to the medical records the claimant is able to work without limitations. The physical exam showed left shoulder crepitus, ac joint tenderness, equivocal Painful arc, Neer test, AC provocation and Yergason's test and subacromial bursa tenderness and decreased range of motion. The claimant was diagnosed with Rotator Cuff Syndrome and Status post left shoulder rotator cuff surgery. The claimant's medications included Celebrex, Fish Oil, Tricor and Vitamin D-3. A claim was made for compounding cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Relief Gel with 5 refills that contain: Ketoprofen 2%, Diclofenac 2%, Cyclobenzaprine 1%, Lidocaine 2%, Menthol 2%, Ketamine 2%, Camphor 0.2%.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 111-113.
Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Ketoprofen is a topical NSAID. MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore the compounded topical cream is not medically necessary and appropriate.