

Case Number:	CM14-0087843		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2013
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 Medicine and is licensed to practice in Texas. 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 32 year old female who had a work related injury on 02/27/13. The injured worker was working as a cook, she was cooking meat and vegetables in a skillet that weighed approximately 10 lbs., and was working at a very fast pace. She was going to move the skillet to the window and she grabbed the skillet with 2 wet clothes when suddenly the cloth on her left hand started burning her left hand so she let go of it, and all the weight of the skillet was supported with her right hand. She states the skillet moved downwards and she felt a crack in her right elbow and when she bent her right elbow to place the skilled on the window, her right shoulder cracked. She felt a moderate pain in her right elbow and mild pain in her right shoulder. She had an MRI of her cervical spine dated 11/01/13 which revealed disc desiccation at C2-3 down to C6-7. Reversal of the cervical lordosis with decreased range of motion in flexion and extension which may reflect an element of myospasms. C4-5 broad based posterior disc herniation which causes stenosis of the spinal canal. Disc material causes stenosis of the bilateral neuroforamen without contact on the bilateral C5 exiting nerve roots. C5-6 broad based posterior disc herniation which causes stenosis of the spinal canal. There are mild uncovertebral joint degenerative changes. Disc material and uncovertebral joint degenerative changes cause stenosis of the bilateral neuroforamen without contact on the bilateral C6 exiting nerve roots. MRI of the right wrist dated 11/01/13 unremarkable MRI of the right wrist. MRI of the right wrist dated 05/24/14 with flexion and extension views radiocarpal joint effusion. 2mm positive ulnar variance, a normal variant. No other significant findings are noted. The most recent medical record submitted for review is dated 04/08/14 the injured worker is in for intermittent right shoulder pain, sharp, cutting, and throbbing in character. On a scale of 0-10, she rates her pain as 6 while resting and 9 with activities. The pain is associated with weakness, numbness, and swelling. It radiates to her neck and right arm. Her activities of daily living are severely

affected due to this pain. She reports that the pain is worse with lifting and reaching. Physical examination bilateral shoulders there was tenderness to palpation noted over the bicipital groove and supraspinatus complex bilaterally. Neer's test was positive on the right. Manual muscle testing of the right shoulder revealed 4/5 strength with flexion, extension, abduction, adduction, internal and external rotation. Manual muscle testing of the left shoulder revealed 5/5 strength in all major muscles. Range of motion of the right shoulder was restricted due to pain. Range of motion of the left shoulder was normal. MRI of the right shoulder performed on 07/12/13 demonstrated a curve and lateral downsloping of the acromion. Subcoracoid bursitis is noted. Diagnosis is right shoulder bursitis. Right shoulder derangement. Right shoulder impingement syndrome. Prior utilization review on 05/27/14 non-certified. Utilization review on 04/11/14 was non-certified. Review on 06/11/13 was non-certified. On 12/02/13, non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Medication: Flurbiprofen 25%, Lidocaine 10%, 240 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006.

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

Decision rationale: California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: flurbiprofen and lidocaine which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.

Compound Topical Medication: Diclofenac 25%, Tramadol 15%, 240 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines:Drug Formulary; Colombo, 2006; Namaka, 2004; Argoff, 2006.

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

Decision rationale: California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal

compounded medication be approved for transdermal use. This compound contains: tramadol which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.