

Case Number:	CM14-0089408		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2011
Decision Date:	09/24/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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, 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:

The patient is a 57 year old male who was injured on 11/14/2011. The mechanism of injury is unknown. The patient underwent right shoulder total arthroplasty on 08/16/2013. Progress report dated 04/15/2014 states the patient complained of constant back pain and right shoulder pain with decreased range of motion. On exam, there was tenderness to palpation of the right shoulder and lumbar spine with spasm. There is decreased range of motion and weakness. He also has positive straight leg raise testing. He is diagnosed with lumbago and pain shoulder. He was instructed to continue with medications and he has been recommended for right shoulder physical therapy. RFA is not available for review. According to the UR, the medications listed below were requested on 05/23/2014. Prior utilization review dated 05/30/2014 states the request for Ketoprofen 15% /Lidocaine 1%/Cap 0.012% /Tramadol 5% and Flurbiprofen10% / Capsaicin.025% IN KN Oil with 2 refills is denied as there was no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 15% /Lidocaine 1%/Cap 0.012% /Tramadol 5%: Upheld

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

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), Pain, Topical Analgesics.

Decision rationale: The above ODG guidelines state that for topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In addition, it states that they are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Ketoprofen is a topical NSAID and the guidelines state "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, the patient is diagnosed with lumbago and shoulder pain. There is little evidence for topical NSAIDs for spine and shoulder. And because "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended," the requested combination topical analgesic is not recommended. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Flurbiprofen10% / Capsaicin.025% IN KN Oil with 2 refills: Upheld

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

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

Decision rationale: The above ODG guidelines state that for topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In addition, it states that they are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Flurbiprofen is a topical NSAID and the guidelines state "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment... there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, the patient is diagnosed with lumbago and shoulder pain. There is little evidence for topical NSAIDs for spine and shoulder. And because "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended," the requested combination topical analgesic is not recommended. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.