

Case Number:	CM14-0114431		
Date Assigned:	08/06/2014	Date of Injury:	12/19/2013
Decision Date:	01/30/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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 Acupuncture & Pain Medicine 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:

33y/o male injured worker with date of injury 12/19/13 with related right shoulder, low back, and bilateral lower extremity pain. Per progress report dated 6/16/14, he reported pain in the right shoulder with associated popping, clicking, and grinding sensation, rated 7-9/10. He also had continuous pain in the low back with radiation to the bilateral lower extremities with associated numbness and tingling, rated 7-10/10. Per physical exam, the right shoulder had decreased range of motion, and positive Neer's and Hawkin's signs. His lumbar spine had spasms, tenderness, and positive SLR test bilaterally. There was weakness on the bilateral L4-L5 myotomes. It was mentioned that the right shoulder and lumbar x-rays showed no fracture or dislocation. Treatment to date has included physical therapy and medication management. The date of UR decision was 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1- 120 Gram Container of Flurbiprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." As the guidelines do not recommend topical NSAIDs directed at the shoulder, the request is not medically necessary.

1-120 Gram Container of Ketamine 10% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: With regard to Ketamine MTUS states: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. As the documentation contains no evidence of second line analgesic trial such as TCA or SNRI, the request is not medically necessary.

1-120 Gram Container of Ketoprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)." As Ketoprofen is not supported by the guidelines, the request is not medically necessary.

1-120 Gram Container of Gabapentin 10%, Cyclobenzaprine 10% and Capsicin 0.037% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60,111-113.

Decision rationale: Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Per MTUS p113 with regard to topical cyclobenzaprine, "There is no evidence for use of any muscle relaxant as a topical product." Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As multiple agents in this compound are recommended, the request is not medically necessary.