

Case Number:	CM14-0188793		
Date Assigned:	11/19/2014	Date of Injury:	06/03/2013
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 and 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:

This 44 year-old patient sustained an injury to the right shoulder/ right upper extremity on 6/3/13 from catching falling boxes while employed by [REDACTED]. Request(s) under consideration include Topical Compound Keto/Cyclo/Lido 10/3/5% 120gm. Diagnoses include right shoulder impingement syndrome; right elbow lateral epicondylitis; and right wrist pain. Conservative care had included medications, physical therapy, chiropractic treatment, shockwave therapy, and modified activities/rest. Mediations list Omeprazole, Naproxen, Theramine, and topical compounds. Report of 10/7/14 from the provider noted the patient with chronic ongoing symptoms in the right shoulder rated at 6/10 and right elbow and wrist rated at 4/10. Exam showed right shoulder impingement; flex/abd of 160 degrees; tenderness at right elbow extensor muscles and lateral epicondyle. Treatment plan included shockwave treatment, UDS, medical foods, chiropractic therapy, oral and topical medication refills. The patient remained TTD status. The request(s) for Topical Compound Keto/Cyclo/Lido 10/3/5% 120gm was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Cyclo/Lido 10/3/5% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: This 44 year-old patient sustained an injury to the right shoulder/ right upper extremity on 6/3/13 from catching falling boxes while employed by [REDACTED]. Request(s) under consideration include Topical Compound Keto/Cyclo/Lido 10/3/5% 120gm. Diagnoses include right shoulder impingement syndrome; right elbow lateral epicondylitis; and right wrist pain. Conservative care had included medications, physical therapy, chiropractic treatment, shockwave therapy, and modified activities/rest. Medications list Omeprazole, Naproxen, Theramine, and topical compounds. Report of 10/7/14 from the provider noted the patient with chronic ongoing symptoms in the right shoulder rated at 6/10 and right elbow and wrist rated at 4/10. Exam showed right shoulder impingement; flex/abd of 160 degrees; tenderness at right elbow extensor muscles and lateral epicondyle. Treatment plan included shockwave treatment, UDS, medical foods, chiropractic therapy, oral and topical medication refills. The patient remained TTD status. The request(s) for Topical Compound Keto/Cyclo/Lido 10/3/5% 120gm was non-certified on 10/27/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Ketoprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Topical Compound Keto/Cyclo/Lido 10/3/5% 120gm is not medically necessary and appropriate.