

Case Number:	CM14-0198728		
Date Assigned:	12/09/2014	Date of Injury:	04/01/2011
Decision Date:	01/22/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, and is licensed to practice in New Jersey. 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 37-year-old woman who sustained a work-related injury on April 1, 2011. Subsequently, the patient developed shoulder pain. According to the progress report dated October 27, 2014, the patient continued to have a pain and numbness on her right shoulder after having had rotator cuff repair distal clavicle excision and revision decompression. She noted that the pain radiates from her scapula down the medial border of her arm and forearm and into her fingers but more over the ulnar side of her hand. She stated that the shoulder motion seems to aggravate the numbness and pain in her arm, especially overhead motion of the shoulder. The patient was not been able to return to work. She has tried Voltaren gel, injection, and had the maximum allowed physical therapy. Examination of the right shoulder revealed motor 5/5 throughout right upper extremity and sensation intact to light touch in her fingers. The shoulder was non-tender throughout. Active total flexion was 170 degrees, passive total flexion was 170 degrees. External rotation was 70 degrees, internal rotation was to T12. Hawkins test was negative. Cross-arm test was negative for pain at the AC joint but she did have some posterior capsular pain. O'Brien's test was equivocal. Tinel's was positive for local tingling only about the elbow but not at the hand. Tinel's was negative at the carpal tunnel. The patient was diagnosed with localized primary osteoarthritis of the shoulder region, adhesive capsulitis of shoulder, disorder of bursa of shoulder region, and numbness. The provider requested authorization for the following topical analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen powder, DOS: 10/27, 10/30/2014: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, retrospective Flurbiprofen powder is not medically necessary.

Retrospective request for Cyclobenzaprine powder, DOS: 10/27, 10/30/2014: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, retrospective request for Cyclobenzaprine powder is not medically necessary.

Retrospective request for Gabapentin powder, DOS: 10/27, 10/30/2014: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin powder is not recommended as topical analgesics for chronic shoulder pain. There is no documentation of failure or adverse reactions from a first line oral pain medications. Based on the above prescription of retrospective request for Gabapentin Powder is not medically necessary.

Retrospective request for Tramadol powder, DOS: 10/27, 10/30/2014: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol powder as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above retrospective Tramadol powder is not medically necessary.