

Case Number:	CM14-0207832		
Date Assigned:	12/19/2014	Date of Injury:	11/11/2011
Decision Date:	02/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 57-year-old female with an 11/11/11 date of injury, when her brother leaned on her and hurt her left shoulder and neck. The patient underwent left shoulder arthroscopy. The patient was seen on 9/18/14 with complaints of sharp left shoulder pain radiating to the left forearm, arm and neck. Exam findings revealed height 5 feet and weight 167 pounds. The patient was utilizing Naproxen, Omeprazole, Norco, and Cyclobenzaprine. The diagnosis is shoulder joint pain, brachial neuritis/radiculitis, and shoulder impingement syndrome. Treatment to date: left shoulder arthroscopy, work restrictions, PT, steroid injections, compound creams, and medications. An adverse determination was received on 11/6/14 for a lack of documentation of the patient's intolerance to first-line oral medications for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for pharmacy purchase Flurbiprofen 30grm and Gabapentin 30grm (compounds) DOS 9/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested compound medication contained at least one drug, which was not supported for topical applications due to the Guidelines. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Lastly, there is a lack of documentation indicating subjective and objective functional gains from prior use of this medication. Therefore, the request for Flurbiprofen 30gm and Gabapentin 30gm (compounds) DOS 9/18/2014 was not medically necessary.