

Case Number:	CM14-0208363		
Date Assigned:	12/22/2014	Date of Injury:	08/04/2012
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal 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:

The injured worker (IW) is a 58-year-old woman with a date of injury of August 4, 2013. The mechanism of injury occurred as a result of moving tote bins at work on a repetitive basis. The injured worker's working diagnoses are arthroscopy, shoulder; and rotator cuff syndrome. The IW underwent right shoulder arthroscopy and rotator cuff repair on December 27, 2013. Treatment history includes physical therapy, heat/ice, cortisone injection, modified duty, and medications. Pursuant to the clinic note dated October 30, 2014, the IW complains of increasing pain in the left shoulder, and persistent right shoulder pain. Examination of the right shoulder reveals flexion is 160 degrees with pain. Left shoulder flexion is 150 degrees. Supraspinatus test and impingement tests are positive. The IW takes over-the-counter analgesics for pain. The current request is for compound cream: Ketamine 10%-Baclofen Powder 2%-Cyclobenzaprine Powder 2%-Diclofenac 3%-Gabapentin Powder 6%-Orphenadrine Citrate Powder 5%-Tetracaine Powder 2%-Ultraderm Base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Compound creams-Ketamine 10%, Baclofen Powder 2%, Cyclobenzaprine powder 2%, Diclofenac, Gabapentin powder 6%, Orphenadrine Citrate powder, 5% Tetracaine powder 2% Ultraderm: 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 Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical compound cream containing Ketamine 10%, Baclofen Powder 2%, Cyclobenzaprine Powder 2%, Diclofenac, Gabapentin Powder 6%, Orphenadrine Citrate Powder, 5% Tetracaine Powder, 2% Ultraderm base #240gm is not medically necessary. Topical analgesics or large the experimental few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended. Topical ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the injured worker's working diagnoses are arthroscopy shoulder; and rotator cuff syndrome. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended. Topical ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Any compounded product that contains at least one drug (topical cyclobenzaprine, baclofen and ketamine) that is not recommended is not recommended. Consequently, topical compound cream Containing Ketamine 10%, Baclofen Powder 2%, Cyclobenzaprine Powder 2%, Diclofenac, Gabapentin Powder 6%, Orphenadrine Citrate Powder, 5% Tetracaine Powder, 2% Ultraderm base #240gm is not medically necessary.