

Case Number:	CM14-0057210		
Date Assigned:	07/09/2014	Date of Injury:	08/29/2012
Decision Date:	01/28/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 52 year-old patient sustained an injury on 8/29/12 while employed by [REDACTED]. Request(s) under consideration include Topical Patches (unspecified) and Topical Creams (unspecified). Diagnoses include s/p left shoulder arthroscopy with debridement of partial tear of the subscapularis tendon on 1/7/14. Conservative care has included medications, physical therapy, home exercise, psychotherapy, CBT, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Orthopedic report of 12/9/13 noted diagnoses of bilateral shoulder impingement syndrome. Exam showed decreased range, positive impingement sign bilaterally with weakness on abd/ER. Plan for subacromial steroid injection. No medications were listed. Family medicine report of 12/11/13 noted diagnoses of left shoulder internal derangement; fibromyalgia; history of GERD, labile hypertension and aspirin allergy. Report of 2/5/14 has no specified topicals. Report of 3/16/14 from the provider noted the patient with continued left shoulder pain, left arm stiffness and weakness. Exam showed unchanged findings of limited shoulder range of flex/abd/IR/ER of 140/110/15/80 degrees; weakness on internal and external rotation and abduction. Treatment plan included continuing with topical compounds and patches (unspecified). Psychology report dated 1/25/14 noted patient with depression and insomnia with plan for increasing Wellbutrin, discontinue Trazodone and consider Ambien. The request(s) for Topical Patches (unspecified) and Topical Creams (unspecified) were non-certified on 4/4/14 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:

Topical Patches (unspecified): 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 rationale: 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 non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to what is/are the ingredients for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. Therefore, this request is not medically necessary and appropriate.

Topical Creams (unspecified): 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 rationale: 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 non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. Therefore, this request is not medically necessary and appropriate.