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| Case Number: | CM14-0094753 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/27/2009 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 worker sustained an injury on 10/27/2009. His diagnoses include right rotator cuff tear and lumbar disc herniation. He has pain in both shoulders and in the low back radiating to the lower extremities. He had right shoulder arthroscopy for right shoulder rotator cuff tear on 12/05/2013. Treatments have included physical therapy, chiropractic, acupuncture, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication 240gm Diclofenac 25%, Tramadol 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Topical Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been

evaluated for treatment of the spine, hip or shoulder. Larger joints and the spine do not lend themselves to topical treatment as smaller joints may. Neither the ODG nor the MTUS address topical tramadol. I did not find any studies addressing the treatment of chronic pain with topical tramadol. Neither of these topical drugs has evidence available to support their use. The request is not medically necessary.