

Case Number:	CM15-0006385		
Date Assigned:	01/26/2015	Date of Injury:	06/25/2002
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 68-year-old male who reported injury on 06/25/2002. The mechanism of injury was repetitive motion. Prior treatments included physical therapy, chiropractic care, a lumbar spine surgery, and a rotator cuff surgery. The injured worker was noted to try steroid injections. There was a Request for Authorization submitted for review. In the documentation of 12/19/2014, the documentation indicated the injured worker was in constant pain and had associated numbness in the left fingers. Conservative measures trialed and failed included physical therapy, massage therapy, a previous microdiscectomy, and chiropractic treatment. The injured worker's medications were noted to include Celebrex 200 mg 1 daily; Lyrica 75 mg one 3 times a day; Nexium 40 mg 1 daily; atorvastatin calcium 10 one daily; lisinopril 10 mg 1 daily; and Norco 10/325 mg. The documentation indicated the injured worker had tenderness to palpation in the left shoulder. Range of motion was decreased, especially in abduction and external rotation. The injured worker's strength on the left was 4/5 in the deltoids, biceps, brachioradialis, triceps, wrist extensors, wrist flexors, dorsal interossei, palmar interossei, and opponens pollicis. The hand grip was 4/5 on the left. The injured worker underwent an MRI of the lumbar spine, which was noncontributory to the request. The diagnoses were shoulder joint pain. The request was made for a compound cream including Dyna MD, diclofenac, gabapentin, baclofen, cyclobenzaprine, bupivacaine, lidocaine, and fluticasone to be applied 3 to 4 times a day in the amount of 1 to 2 grams to the affected area daily. The physician opined it was medically necessary to institute a treatment plan, including the compounded medication, to

decrease the use of both oral pain medications and oral opioids. The physician performed an ultrasound guided left shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Pain Cream with 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants, as it was indicated the injured worker remained on Lyrica. Additionally, the request as submitted failed to indicate the components for the requested medication. Per the physician documentation, if requested, the compounded cream would have included Dyna MD, diclofenac, gabapentin, baclofen, cyclobenzaprine, bupivacaine, lidocaine, and fluticasone, for which multiple ingredients are not recommended; and as such, would not be medically appropriate. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. The frequency was not provided, per the request. Given the above, the request for compound cream with 4 refills is not medically necessary.