

Case Number:	CM15-0105758		
Date Assigned:	06/10/2015	Date of Injury:	01/17/2007
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on 01/17/2007. Diagnoses include status post left shoulder arthroscopic subacromial decompression and partial distal claviclectomy. Treatment to date has included medications, physical therapy, TENS unit and left shoulder arthroscopy. According to the progress notes dated 5/7/15, the IW was seen for a post-operative visit. On examination, her wounds looked satisfactory, she had obtained 100 degrees of abduction and she had negative impingement. A retrospective request was made for topical medication Ketoprofen/Gabapentin/Bupivacaine/Cyclobenzaprine, 300gms with 3 refills for date of service 5/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Gabapentin/Bupivacaine/Cyclobenzaprine/ Day Supply: 25 Qty: 300 Refills: 3 Date: 05/08/2015: 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 NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Ketoprofen/Gabapentin/Bupivacaine/Cyclobenzaprine/ Day Supply: 25 Qty: 300 Refills: 3 Date: 05/08/2015 is not medically necessary and appropriate.