

Case Number:	CM15-0011726		
Date Assigned:	01/29/2015	Date of Injury:	04/08/2013
Decision Date:	04/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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 is a 49 year old male with an industrial injury dated April 8, 2013. The injured worker diagnoses include sprain/ strain of the cervical spine, right shoulder impingement syndrome, right shoulder muscle spasms, and right shoulder pain. He has been treated with radiographic imaging, diagnostic studies, chiropractic treatment, acupuncture therapy, physical therapy and periodic follow up visits. According to the progress note dated 10/23/14, the treating physician noted that the injured worker complained of pain around the scapular region and the upper arm. Physical exam revealed tenderness in the right paracervical muscle extending to trapezium and supra and infraspinatus area of the right shoulder as well as tenderness in the subacromial region and AC joint. The injured worker had positive signs of impingement syndrome of the right shoulder. Neurovascular upper extremity was intact. The treating physician prescribed retrospective request for Flurb/Caps/Menth/Camph and Keto/Cyclo/Lido with a date of service of 11/25/2014. Utilization Review determination on January 9, 2015 denied the retrospective request for Flurb/Caps/Menth/Camph with a date of service of 11/25/2014 and Keto/Cyclo/Lido with a date of service of 11/25/2014, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flur/Caps/Menth/Camph with a dos of 11/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 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 spinal and multiple joint pain 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 without documented functional improvement from treatment already rendered. The Retrospective request for Flur/Caps/Menth/Camph with a dos of 11/25/2014 is not medically necessary and appropriate.

Retrospective request for Keto/Cycle/Lido with a dos of 11/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 spinal and 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 and over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatory, topical compounded Flurbiprofen and Ketoprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Retrospective request for Keto/Cyclo/Lido with a dos of 11/25/2014 is not medically necessary and appropriate.