

Case Number:	CM15-0131015		
Date Assigned:	07/17/2015	Date of Injury:	03/25/2013
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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's symptoms at the time of the injury included right shoulder pain. The diagnoses include status post right arthroscopic subacromial decompression, cervical pain with upper extremity symptoms, mild acromioclavicular joint degeneration, right shoulder rotator cuff tear, cervical myofascial pain, and left shoulder compensatory impingement. Treatments and evaluation to date have included physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, right shoulder arthroscopy on 08/25/2014, and oral medications. The diagnostic studies to date have included an MRI of the right shoulder on 04/15/2015 which showed probable revision rotator cuff repair, severe tendinosis or postoperative changes, possible pinhole full thickness perforation in the central supraspinatus tendon, previous extensive acromioplasty, and a large fluid collection in the subacromial bursa. According to the qualified medical evaluation dated 03/04/2015, the injured worker had an x-ray of the right shoulder which showed mild degenerative changes of the acromioclavicular joint; an MRI Arthrogram of the right shoulder which showed a small full-thickness tear at the repaired portion of the tendon, degenerative tearing of the superior and anterior labrum, and mild atrophy of the supraspinatus muscle belly; and an MRI of the right shoulder on 04/01/2013 which showed small thickness tear, degenerative tearing of the labrum, and mild atrophy of the supraspinatus belly. The follow- up consultation dated 05/20/2015 indicates that the injured worker had continued right shoulder symptoms. An examination of the right shoulder showed abduction to 110 degrees, forward flexion to 110 degrees, external rotation to 80 degrees, slightly positive impingement signs, and limited range of motion of the left shoulder with positive impingement. The injured worker's work status was not indicated. The follow-up consultation dated 04/20/2015 indicates that the injured worker complained of right shoulder pain, rated 7 out of 10; increasing left shoulder pain, rated 7 out of 10; and cervical pain, rated 6 out of 10. A urine drug screen was performed on the day of the visit. The injured worker's disability status was

noted permanent and stationary. A urine drug screen dated 01/12/2015 was inconsistent for hydrocodone, gabapentin, and Nortriptyline. The treating physician requested Ketoprofen, Gabapentin, Bupivacaine, Baclofen, Cyclobenzaprine, Clonidine, and hyaluronic acid 300 grams, three times a day, with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%/Gabapentin 6%/Bupivacaine 5%/Baclofen 2%/Cyclobenzaprine 2%/Clonidine 0.2%/Hyaluronic acid 2%, 300 grams times 3 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): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The requested compounded medication is a combination of Ketoprofen, Gabapentin, Bupivacaine, Baclofen, Cyclobenzaprine, Clonidine, and Hyaluronic acid. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Note that topical Ketoprofen is not FDA approved for topical application. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. Bupivacaine is an amide local anesthetic, and lidocaine is in the same drug class. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. Baclofen is not recommended by the MTUS guidelines. Cyclobenzaprine is muscle relaxant, and the guidelines indicate that there is no evidence for the use of any other muscle relaxants as a topical product. Clonidine is used to treat high blood pressure. The MTUS indicates that it has new found uses, including treatment of some types of neuropathic pain. None of the medications in this compounded topical product are recommended by the guidelines. The guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.