

Case Number:	CM15-0132881		
Date Assigned:	07/21/2015	Date of Injury:	06/05/2003
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 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 is a 60 year old male patient who sustained a work related injury on 6/5/03. The diagnoses have included shoulder strain/sprain and rotator cuff strain/sprain. Per the PR-2 dated 6/10/15, he had complains of pain, stiffness and weakness in right shoulder. The physical examination revealed tenderness to palpation and spasm in right shoulder, decreased range of motion in the right shoulder and decreased strength in right shoulder. The medications list includes ultram and ibuprofen cream. He is not working. Treatments have included medications, shoulder rehabilitation and TENS unit therapy. The treatment plan includes a request for Ibuprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PCCA Lipoderm base #120 DS 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: PCCA Lipoderm base #120 DS 30. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Failure of anti-depressants and anti-convulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of PCCA Lipoderm base #120 DS 30 is not fully established for this patient.