

Case Number:	CM15-0142762		
Date Assigned:	08/19/2015	Date of Injury:	05/01/2014
Decision Date:	09/15/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, 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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 5-1-2014. Diagnoses have included cervical spine sprain-strain, rule out cervical spine degenerative disc disease, and right shoulder sprain-strain, status post right shoulder arthroscopy. Treatment to date has included physical therapy and medication. According to the progress report dated 5-1-2015, the injured worker complained of constant pain in her right shoulder rated seven out of ten. She complained of intermittent pain in her right neck which she described as tightness rated eight out of ten. She also complained of difficulty sleeping due to pain. Physical exam revealed nonspecific tenderness in the right shoulder. Supraspinatus resistance test was positive on the right shoulder. Impingement maneuver revealed pain on the right shoulder. Exam of the cervical spine revealed moderate paraspinal tenderness on the right. Authorization was requested for compound cream medications x2: #1 Tramadol 8%; Gabapentin 10%; Menthol 2%; Camphor 2% and #2 Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream medication x 2, Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the compound in question was combined with other topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

Compound medication x2, Flurbiprofen 20%: 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): 111-112.

Decision rationale: According to the MTUS guidelines, 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The compound was also used at the same time as other topical analgesics. The Flurbiprofen is not medically necessary.