

Case Number:	CM15-0160039		
Date Assigned:	08/26/2015	Date of Injury:	08/31/2013
Decision Date:	09/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male who sustained a work related injury August 31, 2013. Past history included status post repair labral tear, right shoulder. According to a primary treating physician's progress report, dated July 15, 2015, the injured worker presented for follow-up with continuous soreness in the right shoulder, rated 4 out of 10. Examination of the right shoulder revealed; abduction at 90 degrees, normal back reach, grips symmetric, normal gait. The physician further documented it is not clear why he continues with pain; he is currently performing additional physical therapy, pending re-evaluation in 3-6 months. A trial of inflammation cream is recommended along with work with restrictions. At issue, is the request for authorization for inflammation based cream; Ketoprofen-Cyclobenzaprine- ibuprofen-Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inflammation-based cream (Ketoprofen 10%, Cyclobenzaprine 2%, Ibuprofen 10%, Lidocaine 5%, Piroxicam 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in August 2013 and is being treated for right shoulder pain. When seen, there was limited shoulder abduction to 90 degrees. Celexa and ibuprofen were being prescribed. Topical compounded cream and physical therapy were requested. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Compounded topical preparations of ketoprofen and ibuprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The claimant is already taking an oral NSAID medication and the medication contains two additional non-steroidal anti-inflammatory medications which is duplicative. This medication was not medically necessary.