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| Case Number: | CM15-0188927 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 04/27/2005 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 44 year old female who sustained an industrial injury April 27, 2005. Past history included status post right rotator cuff repair x 2. According to a primary treating physician's handwritten progress report dated August 28, 2015, the injured worker presented with continued right shoulder pain, rated 5-7 out of 10, with weakness. She also reported right-sided neck pain with radiation to the right upper extremity and numbness into the hand. Objective findings included; mild to moderate tenderness to palpation right shoulder at the joint; decreased motor strength 4 out of 5, right upper extremity. Some handwritten notes are difficult to decipher. Diagnoses are right shoulder derangement, re-tear; lumbar spine sprain, strain. Treatment plan included continue home exercise program, urine toxicology, and return to clinic as needed. At issue, is a request for authorization dated August 31, 2015 for Topical Compounds (unknown composition). Toxicology reports specimen drawn date March 20, 2015 and April 21, 2015, is present in the medical record. Genetic (SNP) Testing for Drug Metabolism report dated March 18, 2014 is present in the medical record. According to utilization review dated September 15, 2015, the request for Tylenol #3 #90 (08-31-2015) was certified. The request for Topical Compounds (08-31-2015-unknown composition) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topical Compounds (unknown composition) DOS: 8/31/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for retrospective topical compounds (unknown composition) DOS: 8/31/2015. The RFA is dated 08/31/15. Past surgery has included right rotator cuff repair x 2. Treatment history include physical therapy, home exercise program and medications. The patient is not working. MTUS, Topical Analgesics section, page 111 has the following: Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS Guidelines also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per report 08/28/15, the patient reports neck and right shoulder pain. Objective findings included mild to moderate tenderness to palpation in the right shoulder at the joint, and decreased motor strength 4 out of 5. Treatment plan was for "topical compound to decrease use of oral rx meds." Worker's comp/Property & Casualty Claim form states that the compounded topical includes Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%. In this case, the topical compound includes Gabapentin and Cyclobenzaprine which are both not indicated for use in topical formulation. Therefore, the requested compounded topical IS NOT medically necessary.