

Case Number:	CM15-0194793		
Date Assigned:	10/08/2015	Date of Injury:	11/30/2009
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on 11-30-09. The injured worker is being treated for status post right shoulder rotator cuff tear with hardware presence, status post second right shoulder surgical intervention for removal of hardware, residual weakness, right shoulder glenohumeral arthritis, left shoulder status post injury for rotator cuff injury, tension headaches and chronic sleep disturbance. Treatment to date has included oral medications including Hydrocodone; Meloxicam 15mg, Omeprazole 20mg; transdermal creams, bilateral shoulder surgeries and activity modifications. (It is noted on 6-16-15 and 9-11-15 “physical therapy will start this week”.) On 9-11-5, the injured worker complains of significant pain in right shoulder following left shoulder surgery 5-6-2015. She rates her pain 7-10 out of 10 most of the time. Physical exam performed on 6-16-15 and on 9-11-15 revealed left shoulder in an abduction splint and completely immobilized with large decisional scar on shoulder; right shoulder with some range of motion, weakness with lateral rotation, positive impingement findings and a lot of weakness and instability in the right shoulder. It is also noted she has carpal tunnel symptoms on the right hand. On 9-11-15 request for authorization was submitted for Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone 2 Percent, Panthenol .5 Percent in Cream Base 210 Grams and Amitriptyline 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent in Cream Base 210 Gram. On 9-18-15 request for Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone 2 Percent, Panthenol .5 Percent in Cream Base 210 Grams and Amitriptyline 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent in Cream Base 210 Gram was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone 2 Percent, Panthenol .5 Percent in Cream Base 210 Gram: Upheld

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

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, there is no evidence of functional improvement provided to indicate that chronic use of the requested cream is of clinical value, and therefore the request cannot be considered medically necessary at this time.

Amitriptyline 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent in Cream Base 210 Gram: Upheld

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

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin is not recommended specifically by the MTUS as a topical. In this case, there is no evidence of functional improvement provided to indicate that chronic use of the requested cream is of clinical value, and therefore the request cannot be considered medically necessary at this time.