

Case Number:	CM15-0195139		
Date Assigned:	10/08/2015	Date of Injury:	10/25/2011
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
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: California

Certification(s)/Specialty: Emergency 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 51 year old male with a date of injury on 10-25-2011. The injured worker is undergoing treatment for status post left shoulder surgery with residual pain radiating down his arm and fingers. Physician progress notes dated 06-11-2015 and 07-23-2015, documents the injured worker has residual constant moderate to severe pain radiating down his arm to finger and he has spasms. He rates his pain as 6-7 out of 10. Symptoms persist but medications offer him temporary relief of pain and improve his ability to have a restful sleep. He has tenderness to palpation at the rotator cuff tendon attachment sites as well at the acromioclavicular joint and subacromial space. Left shoulder ranges of motion are restricted. Sensation to pinprick and light touch is slightly diminished over the C5-C6-C7-C8 and T1 dermatome in the left upper extremity. There is an Agreed Medical Evaluation letter dated 08-17-2015 that documents sensation to light touch is intact in bilateral C4, axillary, radial, median and ulnar distributions. Left shoulder range of motion is restricted in flexion and abduction. Neer's, Hawkins's and O'Brien's signs are positive. X rays done this date are within normal limits. Treatment to date has included diagnostic studies, medications-topical and oral, surgery, physical therapy, chiropractic treatment, shock wave therapy, and acupuncture. A Magnetic Resonance Imaging of the left elbow revealed acromion-flat with lateral down sloping; acromioclavicular joint showed arthritis; supraspinatus tendinosis and infraspinatus tendinosis; synovium effusion, subacromial-subdeltoid bursitis; subcortical cysts in the humeral head and super posterior labral tear. On 09-21-2015 Utilization Review non-certified the request for Cyclobenzaprine 5% cream 110 gm SIG apply TID, Fanatrex 25 mg/ml oral suspension 420 ml SIG 1 tsp tid, and Ketoprofen 20% cream 167 gm SIG apply TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167 gm SIG apply TID: 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: As per MTUS guidelines, most topical medications are considered experimental with very poor evidence to support efficacy or safety. While topical NSAIDs may have some benefit for musculoskeletal or osteoarthritic pains, ketoprofen is not FDA approved to topical application. It is associated with photocontact dermatitis. There are multiple other topical NSAIDs that are FDA approved. The use of an unapproved medication with unknown efficacy or safety is not medically necessary.

Cyclobenzaprine 5% cream 110 gm SIG apply TID: 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: As per MTUS guidelines, most topical medications are considered experimental with very poor evidence to support efficacy or safety. Cyclobenzaprine is not FDA approved for topical applications. MTUS specifically states it is not recommended. There is no evidence to support its use topically. The use of an unapproved medication with unknown efficacy or safety is not medically necessary.

Fanatrex 25 mg/ml oral suspension 420 ml SIG 1 tsp tid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: "Fanatrex" is a non-FDA compounded substance containing gabapentin, an antiepileptic medication. There is no justification provided to support use of a compounded liquid form of gabapentin. There are no documented issues with swallowing. There is an increase risk of overdose and mistakes with liquid forms of medications. Not medically necessary.