

Case Number:	CM15-0202511		
Date Assigned:	10/21/2015	Date of Injury:	01/24/2014
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female, who sustained an industrial injury on 1-24-14. The documentation on 8-20-15 noted that the injured worker has complaints of left shoulder pain. The injured worker is experiencing aching discomfort with certain motions as well as sharp pain associated with abduction and backward reach. The diagnoses have included superior glenoid labrum lesion. Treatment to date has included no physical therapy for the past 3 months; home exercise program; transcutaneous electrical nerve stimulation unit; arthroscopic anterior labral repair and capsulorrhaphy on 2-20-15; celebrex; tylenol and naprosyn. The original utilization review (10-12-15) non-certified the request for retrospective compounded topical cream: MC-KDLK 120gms date of service 8-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compounded Topical Cream: MC-KDLK 120gms DOS: 8/20/2015: 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: Per the CA MTUS, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary. Specific meds: NSAIDs: According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Lidocaine: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 8/20/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Capsaicin: According to CA MTUS guidelines regarding the use of topical capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." Baclofen: According to CA MTUS guidelines, the use of topical baclofen is "not recommended. There is no peer-reviewed literature to support the use of topical baclofen." Other muscle relaxants: According to CA MTUS guidelines, "there is no evidence for use of any other muscle relaxant as a topical product." Gabapentin: According to CA MTUS guidelines, the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." Other anti-epilepsy drugs: According to CA MTUS guidelines, "there is no evidence for use of any other anti-epilepsy drug as a topical product." Ketamine: According to CA MTUS guidelines, the use of topical ketamine is "under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results."