

Case Number:	CM15-0204298		
Date Assigned:	10/21/2015	Date of Injury:	09/30/2004
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 66-year-old male with an industrial injury date of 09-30-2004. Medical record review indicates he is being treated for status post anterior-posterior labral repair of the right shoulder and superior to posterior labral repair, cervical radiculopathy, right shoulder impingement with surgical repair, depression, status post right biceps tendon rupture with repair and right sided denervation of cervical 5-cervical 6 distribution with a brachial plexopathy in right upper extremity. The injured worker presents on 09-14-2015 for follow up of "multitude of injuries he suffered as a result of his shoulder rotator cuff tear, tendon rupture." The treating physician indicated the medications makes the injured worker functional and decreases his pain by at least 50 percent from 9 out of 10 to 4-5 out of 10. The treating physician also noted the injured worker had increased risk for side effects related to non-steroidal anti-inflammatory medications. The treatment plan included transdermal creams. Work status is documented as return to modified work. Medications included Diclofenac, Omeprazole and Eszopiclone. Prior treatments included psychiatric, medications and wrist brace. Objective findings (09-14-2015) noted "increased" signs of impingement in the right shoulder. The treating physician also documents there is loss of integrity of the muscle because of tendon rupture. Impingement signs in the cervical spine that radiate up the right upper extremity with side bending and extension to the right are also documented. On 09-21-2015 the request for the following was non-certified by utilization review: Flurbiprofen 20% - Baclofen 10% - Dexamethasone 2% - Panthenol 0.5% 210 grams in cream base and Amitriptyline 10% - Gabapentin 10% - Bupivacaine 5% 210 grams in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5%, 210-grams in cream base: 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 CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. For compounded products, if at least one agent is not recommended then the product is not recommended. In this case, the compounded product contains Baclofen, a muscle relaxant. Muscle relaxants are not recommended for topical use. In addition, the product contains Panthenol (Vitamin B5), which is not recommended for topical use. Therefore, the request is not medically necessary or appropriate.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, 210-grams in cream base: 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 CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. For compounded products, if the product contains at least one drug (or drug class) that is not recommended the product is not recommended. In this case, the product contains Amitriptyline, Gabapentin and Bupivacaine. Amitriptyline, a tricyclic antidepressant, is not recommended for topical use. Gabapentin, an anti-epilepsy drug, is also not recommended for topical use. Therefore, the request is not medically necessary or appropriate.