

Case Number:	CM15-0205702		
Date Assigned:	10/22/2015	Date of Injury:	01/24/2014
Decision Date:	12/08/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 1-24-2014. The injured worker was being treated for anterior glenoid labrum lesion (post-op) and rotator cuff tendinitis-left impingement syndrome. A history of gastroesophageal reflux disease, gastritis, and irritable bowel syndrome was noted and related to anti-inflammatory drug use. Treatment to date has included diagnostics, left shoulder surgery 2-2015, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 8-20-2015, the injured worker complains of recent involvement in a motor vehicle accident and aching discomfort in her left shoulder, as well as sharp pain associated with abduction and backward reach. She reported that Celebrex "is of no benefit" but "does get some relief if alternating Tylenol and Naprosyn". She was currently working a modified work status. Current medications were documented as Albuterol, Levsin, Naprosyn, and Zofran. Exam of the left shoulder noted tenderness to palpation over the rotator cuff region, range of motion to 175 degrees with forward flexion and abduction, and "supine, abducted external rotation and internal rotation are demonstrated to 90 and 40 degrees respectively", and no evidence of recurrent instability. The documented plan did not include topical compound medications. On 10-19-2015 Utilization Review non-certified the retrospective request for Ketoprofen, Diclofenac, Lidocaine, DMSO liquid, versabase cream 120gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketoprofen, Diclofenac, Lidocaine, DMSO liquid, versabase cream 120gms (DOS: 09/20/15): 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 medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.