

Case Number:	CM15-0208503		
Date Assigned:	10/27/2015	Date of Injury:	06/12/2013
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, California
 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:

This is a 56 year old female with a date of injury on 6-12-13. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder pain. Progress report dated 8-17-15 reports recurrent pain and weakness of the left shoulder. Physical exam: left shoulder range of motion forward flexion 0 to 180, external rotation 0 to 45 and internal rotation to T12 and weakness with abduction testing. The plan is for left shoulder arthroscopy surgery to be performed next month. Treatments include: medication, physical therapy, acupuncture and cortisone injections. Request for authorization 9-16-15 was made for One container of Flurbiprofen 20 percent, Baclofen 10 percent, Dexamethasone Micro 0.2 percent, and hyaluronic acid 0.2 percent in cream base, 240 gms and One container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and hyaluronic acid 0.2 percent in cream base, 240 gms. Utilization review dated 9-25-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and hyaluronic acid 0.2% in cream base, 240gms: 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 Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, it is not clear what primary medicines have been tried and failed. The request is appropriately not medically necessary.

One container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and hyaluronic acid 0.2% in cream base, 240 gms: 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 Chronic Pain Medical Treatment Guidelines, Page 111 of 127, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.