

Case Number:	CM15-0041138		
Date Assigned:	03/11/2015	Date of Injury:	10/01/2014
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 43-year-old female, who sustained an industrial injury on 10/01/2014. She reported pain in the left shoulder, left wrist and hand, and back. The injured worker was diagnosed as having rotator cuff syndrome of the left shoulder; left carpal tunnel syndrome; and thoracolumbar spondylosis without myelopathy. Treatment to date has included medications, MRI, corticosteroid injection to the left shoulder, work restrictions, and physical therapy. Medications have included Tylenol and analgesic topical balm. A progress note from the treating provider, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant slight to moderate pain in the left shoulder; intermittent severe pain in the left wrist and hand with numbness and tingling; frequent severe thoracic pain; and intermittent severe pain in the lumbar spine. Objective findings included tenderness and spasm to the left shoulder; tenderness and spasm to the left wrist and hand; tenderness and spasm to the thoracic spine; and tenderness and spasm to the lumbar spine with painful range of motion. The treatment plan of care included home exercises, acupuncture sessions, lumbosacral orthosis, further diagnostic testing, and prescription medications. Request is being made for Compound topical: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%; and Compound topical: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with moderate unrated left shoulder pain, intermittent unrated left hand and wrist pain, unrated lower back pain, and unrated thoracic spine pain. The patient's date of injury is 10/04/14. Patient is status post corticosteroid injection to the left shoulder at a date unspecified. The request is for COMPOUND TOPICAL LIDOCAINE 6%, GABAPENTIN 10%, KETOPROFEN 10%. The RFA was not provided. Physical examination dated 02/04/15 reveals tenderness to palpation and spasm of the thoracic paraspinal muscles from T5 through T1, and tenderness and spasms of the lumbar paraspinal muscles L1 through S1. Left shoulder examination reveals spasm and tenderness to the left rotator cuff muscles and upper shoulder muscles. Treater also notes decreased left shoulder range of motion on external rotation and positive Codman's, Speed's, and Suprspinatus tests. There was also tenderness to palpation to the left anterior wrist, thenar process, and posterior extensor tendons with positive Phalen's and Braclet tests noted. The patient's current medications were not provided. Diagnostic imaging included MRI of the left shoulder dated 11/07/14, significant findings include: "Degenerative change in the left acromioclavicular joint, mild lateral down-sloping of the acromion mild subacromial deltoid bursitis, mild tendinosis of the supraspinatus tendon." Patient is currently working with physical restrictions. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. 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." In regard to the request for a compounded cream containing Lidocaine, Gabapentin, and Ketoprofen; the requested cream contains ingredients which are not supported by guidelines as topical agents. Lidocaine is only approved in patch form. Gabapentin is not supported as a topical agent. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.

Compound topical: Flubiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with moderate unrated left shoulder pain, intermittent unrated left hand and wrist pain, unrated lower back pain, and unrated thoracic spine pain. The patient's date of injury is 10/04/14. Patient is status post corticosteroid injection to the left shoulder at a date unspecified. The request is for COMPOUND TOPICAL FLURBIPROFEN 15%, CYCLOBENZAPRINE 2%, BACLOFEN 2%, LIDOCAINE 2%. The RFA was not provided. Physical examination dated 02/04/15 reveals tenderness to palpation and spasm of the thoracic paraspinal muscles from T5 through T1, and tenderness and spasms of the lumbar paraspinal muscles L1 through S1. Left shoulder examination reveals spasm and tenderness to the left rotator cuff muscles and upper shoulder muscles. Treater also notes decreased left shoulder range of motion on external rotation and positive Codman's, Speed's, and Suprisspinatus tests. There was also tenderness to palpation to the left anterior wrist, thenar process, and posterior extensor tendons with positive Phalen's and Bracllet tests noted. The patient's current medications were not provided. Diagnostic imaging included MRI of the left shoulder dated 11/07/14, significant findings include: "Degenerative change in the left acromioclavicular joint, mild lateral down-sloping of the acromion mild subacromial deltoid bursitis, mild tendinosis of the supraspinatus tendon." Patient is currently working with physical restrictions. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. 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." In regard to the request for a compounded cream containing Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine; the requested cream contains ingredients which are not supported by guidelines as topical agents in this form. Lidocaine is only approved in patch form. Cyclobenzaprine and Baclofen are not supported as topical agents. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.