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| Case Number: | CM15-0046919 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 07/05/1997 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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, New York, 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:

The applicant is a represented 72-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 5, 1997. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve requests for several topical compounded medications apparently prescribed and/or dispensed on or around January 27, 2015. The claims administrator referenced a January 23, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated October 16, 2005, it was acknowledged that the applicant was not working. Permanent work restrictions were imposed. In an RFA form dated December 12, 2014, Percocet, baclofen, and Neurontin were endorsed. In a progress note dated January 20, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was using Percocet, Ambien, and allopurinol, it was acknowledged. 6/10 pain with medications versus 10/10 pain without medications was reported. Topical compounded medications were apparently endorsed while baclofen, Neurontin, and Zanaflex were renewed. Multiple palpable tender points were noted about the neck and shoulder. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working as of this point in time. In a July 10, 2014 progress note, it was acknowledged that the applicant was 'disabled' owing to ongoing complaints of shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac Sodium Powder #3 date of service 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a diclofenac containing topical compounded powder dispensed on January 27, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the shoulder, i.e., a body part for which topical diclofenac has not been evaluated. No clear or compelling applicant-specific rationale was furnished for introduction of the diclofenac-containing topical compound in the face of the unfavorable MTUS position on the same. It was further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Percocet, Zanaflex, Neurontin, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded medication in question. Therefore, the request was not medically necessary.

Retrospective Baclofen powder #3 date of service 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 112.

Decision rationale: Similarly, the request for a baclofen containing powder was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical baclofen is not recommended in the chronic pain context present here. As with the preceding request, the attending provider failed to furnish a compelling applicant-specific rationale for selection of the baclofen containing topical compound in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Retrospective Cyclobenzaprine powder #3 date of service 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other muscle relaxants Page(s): 113.

Decision rationale: Similarly, the request for a cyclobenzaprine containing topical compounded powder was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for selection of a cyclobenzaprine containing topical agent in the face of the unfavorable MTUS position on the same. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Percocet, Neurontin, Zanaflex, etc., effectively obviated the need for the cyclobenzaprine containing powder, it was further noted. Therefore, the request was not medically necessary.

Retrospective Gabapentin powder #3 date of service 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 113.

Decision rationale: Similarly, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound formulation purposes. As with the preceding request, the attending provider failed to furnish a clear or compelling applicant-specific rationale so as to offset the unfavorable MTUS position on the article at issue. Therefore, the request for a gabapentin containing topical compounded powder was not medically necessary.

Retrospective Lidocaine powder #12 date of service 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for a topical lidocaine powder was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of oral gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the lidocaine containing powder in question. Therefore, the request was not medically necessary.

Retrospective PCCA Lipoderm base #3 date of service 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Finally, the request for a PCCA-Lipoderm topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic and topical compounds such as the agent in question, as a class, are deemed 'largely experimental.' Here, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Percocet, Zanaflex, Neurontin, etc., effectively obviated the need for the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.