MAXIMUS Federal Services

Case Number:	CM15-0052097		
Date Assigned:	03/25/2015	Date of Injury:	07/18/2005
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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:

The injured worker is a 50-year-old female, with a reported date of injury of 07/18/2005. The diagnoses include status post left shoulder surgery times five, left hip strain/sprain with trochanteric bursitis, and neck pain. Treatments to date have included oral medications, an MRI of the left hip, an x-ray of the left hip, and an x-ray of the left shoulder. The orthopedic consultation report dated 02/18/2015 indicates that the injured worker continued to complain of left shoulder pain, low back pain, left hip pain, and left thigh pain. The objective findings include tenderness of the left greater tuberosity, tenderness of the left acromion, tenderness of the acromioclavicular joint, tenderness of the spine and vertebral border of the left scapula, tenderness of the left rotator cuff muscles, tenderness of the rhomboid minor and major, positive straight leg raise test, tightness and spasm of the lumbar paraspinal muscles, facet joint tenderness of the lumbar spine, pain on internal and external rotation of the left hip, and tenderness over the left trochanteric bursa. The treating physician requested Ketoprofen 10%/cyclobenzaprine 3%/Lidocaine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5%, cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This claimant was injured 10 years ago, and had strain-type of injuries. She is post multiple shoulder surgeries. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. 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, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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. Moreover, there is no mention of failure of oral medicines, or why topical compounds should be considered. The request is not medically necessary.