

Case Number:	CM13-0039448		
Date Assigned:	12/18/2013	Date of Injury:	07/25/2005
Decision Date:	02/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who reported a work-related injury on 07/25/2005; specific mechanism of injury was not stated. The patient subsequently presents for treatment of bilateral shoulder impingement syndrome, adhesive capsulitis to the bilateral shoulders, bilateral shoulder pain, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence. The clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes the following medications, Butrans patch, Nucynta, Lyrica, metaxalone, Medrox patch, Prilosec, TG Hot ointment, Sintralyne, FluriFlex ointment, MiraLAX, and Gaia herbs laxative. The provider documents the patient presents with rate of pain at 7/10 with medications and without medications her rate of pain is at 8/10. The provider documents no physical exam of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 prescription of compounded caps/keto/lido ointment 240 gm between 10/01/13 and 12/13/13: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacked evidence to support the patient's current medication regimen. The clinical note dated 11/07/2013 reports the patient has failed with utilization of Vicodin, Norco, Percocet, and methadone and the provider was documenting an appeal for the patient's utilization of Nucynta as this medication has given the patient her greatest pain relief. The clinical documentation submitted for review fails to evidence the patient's specific reports of efficacy with utilization of the requested topical analgesic. There was no specific documentation evidencing the patient's reports of efficacy as far as decrease in rate of pain and increase in objective functionality resultant of use of the requested compound analgesic. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California MTUS indicates ketoprofen is a non-FDA-approved agent as this medication is not supported for topical application. Given all of the above, the request for prospective 1 prescription of compounded caps/keto/lido ointment 240gm between 10/01/13 and 12/13/13 is not medically necessary or appropriate.