

Case Number:	CM14-0104275		
Date Assigned:	07/30/2014	Date of Injury:	11/14/2011
Decision Date:	10/07/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in 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 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/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 injured worker is a 58 year old male injured on 11/04/11 as a result of repetitive motion. Diagnoses include lumbago and pain in the shoulder. The documentation indicates the injured worker underwent a shoulder replacement with ongoing postoperative pain and decreased mobility. The clinical note dated 04/14/14 indicated the injured worker presented with difficulty moving the right upper extremity. Objective findings included without assistance the injured worker can actively forward flex to 140 degrees, abduct a little bit, forward flex a little bit more, internally rotate well, externally rotates to neutral, slight weakness to resistance of motions. The injured worker denied pain; however, reported significantly limited motion. MR arthrogram of the shoulder requested. The injured worker also complained of low back pain radiating to the bilateral lower extremities. The injured worker rated the pain at 7/10. A list of medications was not provided for review. The initial request for a topical analgesic was non-certified on 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capaicin 0.03% Flurbiprofen 12, PCCA Lipoderm base 108 Qty: 120 - 30 Day supply:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, based on guidelines and a review of the evidence, the request Capaicin 0.03% Flurbiprofen 12, PCCA Lipoderm base 108 Qty: 120 - 30 Day supply is not medically necessary.

Hyaluronic acid 0.24, Lidocaine 7.2 PCCA Lipderm base 136.8 Qty: 120 - 30 Day supply:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore based on guidelines and a review of the evidence, the request Hyaluronic acid 0.24, Lidocaine 7.2 PCCA Lipderm base 136.8 Qty: 120 - 30 Day is not medically necessary.