

Case Number:	CM14-0114203		
Date Assigned:	09/16/2014	Date of Injury:	06/18/2013
Decision Date:	11/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a 69 year-old male with date of injury 06/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/16/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed tenderness to palpation of the supraspinatus, right levator scapula, rotator cuff, and acromioclavicular joint areas. Range of motion was reduced in all planes secondary to pain. Diagnosis: 1. Status post right shoulder arthroscopy 2. Rotator cuff repair 3. Complete rotator tear. The medical records supplied for review document that the injured worker had not been prescribed the following medication before the request for authorization on 05/16/2014. Medications: 1. Ketoprofen 20% + Ketamine 10% Cream 20gm SIG: apply to affected area BID-TID 2. Gabapentin 10% + Cyclobenzaprine 10% + 0.375% Capsaicin 120gm SIG: apply BID-TID 3. Flurbiprofen 20% cream 120gm SIG: apply BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% + Ketamine 10% cream 120 gm; Apply to affected area BID-TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The compound contains Ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. Ketoprofen 20% + Ketamine 10% cream 120 gm; apply to affected area BID-TID is not medically necessary.

**Gabapentin 10%+Cyclobenzaprine 10% with 0.375% Capsaicin 120 gm, Applied BID-TID
Flurbiprofen 20% cream 120 gm, Apply to affected area BID-TID: 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 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Gabapentin 10%+Cyclobenzaprine 10% with 0.375% Capsaicin 120 gm, Applied BID-TID Flurbiprofen 20% cream 120 gm, Apply to affected area BID-TID are not medically necessary.