

<b>Case Number:</b>	CM14-0129617		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 70-year-old male who reported an injury after a student was about to fall and the employee reached out to help the student on 01/09/2013. The clinical note dated 08/05/2014 indicated diagnoses of partial tear of rotator cuff, joint pain (shoulder), and cervical disc degeneration. The injured worker reported significant pain affecting his right upper extremity all around the shoulder, particularly over the posterior anterior aspect. The injured worker reported radiating pain all the way down his arm and pain around the elbow as well as pain in the forearm. The injured worker reported numbness in the right hand as well as clumsiness in the right hand. He also reported loss of use of his right hand and stiffness in his digits. The injured worker rated his pain 8/10 on a constant basis and the injured worker reported he took tramadol 1 to 2 times daily to control his pain. On physical examination of the shoulder, there was diffuse muscle wasting around the right shoulder, diffuse tenderness around the right shoulder, tender over the trapezius, supraspinatus, infraspinatus, anterior and posterior aspect of the glenohumeral joint also tender over the AC joint and the subacromial space. The injured worker's active shoulder flexion was about 80% passively. The provider was able to push to 160 degrees but this was very painful for the injured worker. He had pain and weakness with drop arm testing, strength and internal/external rotation was about 3+. The injured worker complained of pain with both of those motions. He had significant pain with the right shoulder with any active or passive motion. The right upper extremity revealed no muscle wasting. He did have decreased strength in elbow extension and had decreased sensation to light touch in the median nerve distribution. There was tenderness in the cervical paraspinal muscles on the right side and the injured worker had global limitation of cervical spine motion. Flexion was about 20 degrees, extension about 30 degrees, rotation was about 50 degrees. The injured worker had pain at the limits of motion in all directions. The injured worker had severe pain in his right shoulder

girdle. The injured worker's treatment plan included Medrol Dosepak, referral for nerve conduction, re-evaluate in 2 weeks. The injured worker's prior treatments included diagnostic imaging, medication management. The injured worker's medication regimen included tramadol. The provider submitted a request for topical compounds. A request for authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound medication: Topical med includes Tramadol Ketoprofen, Baclofen, Cyclobenzaprine, Lidocaine, and pcca Lidoderm cream.:** Upheld

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

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

**Decision rationale:** The request for Compound medication: Topical med includes Tramadol Ketoprofen, Baclofen, Cyclobenzaprine, Lidocaine, and pcca Lidoderm cream is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, analgesics are experimental in use. Moreover, thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. Additionally, ketoprofen is not currently FDA approved for a topical application. Moreover, there is no peer reviewed literature to support the use of topical baclofen. Also the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. In addition, the guidelines recommend Lidocaine in the formulation of the dermal patch Lidoderm. Therefore, Lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request did not provide a frequency, dosage, or quantity for the compounded medication. In addition, the provider did not indicate a rationale for the request. Therefore, the request for Topical med includes Tramadol Ketoprofen, Baclofen, Cyclobenzaprine, Lidocaine, and pcca Lidoderm cream is not medically necessary.