

Case Number:	CM14-0145918		
Date Assigned:	09/12/2014	Date of Injury:	06/04/2013
Decision Date:	10/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/08/2014

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:

The patient is a 51-year-old female who has submitted a claim for shoulder joint pain, associated with an industrial injury date of 06/04/13. Medical records from March 2014 to September 2014 were reviewed. The patient sustained work-related multiple injuries, primarily on her bilateral shoulders, when she slipped and fell from a staircase. She also felt pain in her neck, mid and lower back, feet, left thigh, and left knee. She had anterior dislocation of the right shoulder, but subsequently relocated. Patient had conservative treatment, however, pain still persisted. She noted that the pain radiated down the upper extremity. Though the patient noted improvement after therapy, there was still limitation of hand function. Physical examination revealed of the right elbow, extension is to 5 degrees. On the right shoulder, there was tenderness on the anterolateral aspect of the shoulder. Passive forward flexion is 130 degrees, abduction to 70 degrees, and external rotation to 70 degrees. Magnetic Resonance Imaging, dated June 2013, revealed Hill-Sachs deformity of the humeral head, tendinosis, myositis, and joint effusion of the right shoulder and tendinosis/tear of the supraspinatus and infraspinatus tendons of the left shoulder. MRI, dated January 8, 2014, noted disc height loss at C5-C6 and C6-C7. There was also disc/osteophyte complexes noted. MRI, dated April 8, 24014, revealed supraspinatus tendinosis on the right shoulder, tendinosis versus partial tear of supraspinatus/infraspinatus tendon on the left shoulder, and multi-level mild degenerative changes, with mild bilateral neural foraminas on the lumbar spine. X-ray of the right shoulder, dated June 5, 2014, was normal. Treatment to date has included orals analgesics, cortisone injection, nerve block, use of sling, physical therapy, and home exercise program. A Utilization review from September 5, 2014 denied the request for topical compound DFGL 120 grams (Diclofenac 10%, flurbiprofen 10%, gabapentin 10%, topical lidocaine 5%) with 2 refills as guidelines provided limited support for compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND DFGL 120 GRAMS (DICLOFENAC 10%, FLURBIPROFEN 10%, GABAPENTIN 10%, TOPICAL LIDOCAINE 5%) WITH 2 REFILLS: 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): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is also note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to the topical NSAIDs, the MTUS explains the efficacy in clinical trials for this treatment modality has been inconsistent. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Guidelines also indicate that Gabapentin is not recommended as a topical agent. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Furthermore, the clinical data submitted in this case failed to provide information that the patient tried and failed anticonvulsants and antidepressants. There is also no indication to provide two refills without any interval evaluation of drug efficacy. Lastly, the compounded product contains Flurbiprofen, Gabapentin, and lidocaine, which are not recommended for topical use. Therefore, the request for topical compound DFGL 120 grams (Diclofenac 10%, Flurbiprofen 10%, Gabapentin 10%, topical lidocaine 5%) with 2 refills is not medical necessary.