

Case Number:	CM14-0164321		
Date Assigned:	10/09/2014	Date of Injury:	12/20/1997
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgery 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 64-year-old female with a date of injury of 12/20/1997. The mechanism of injury was not documented. Her past surgical history was positive for spinal cord stimulator implant in 2009 and right shoulder rotator cuff repair in 2010. The records indicated that the injured worker was being co-managed by psychiatry for major depression, anxiety disorder, and insomnia. The 8/19/14 pain management report documented that pain medications do not relieve the worker as well as the spinal cord stimulator. There were no problems reported with current medications and refills were requested. The current medications include Voltaren, Cymbalta, Lidoderm patches, Nucynta, promethazine, tizanidine, baclofen, Roxicodone, doxepin, Ambien, and Lunesta. The 8/25/14 orthopedic progress report indicated that the injured worker complained of bilateral shoulder, bilateral elbow, and right radial wrist pain. The pain was reported with use of the upper extremities. She was using the topical creams PracaSil plus and PracaSil gel which helped her pain and discomfort. The left shoulder exam noted mild loss in range of motion with positive impingement and supraspinatus tests. The right shoulder exam documented slight loss of range of motion, mild discomfort with impingement testing, and no evidence of instability. There was diffuse elbow tenderness and tenderness at the triceps insertions along the olecranon bilaterally. There was tenderness along the right 1st dorsal compartment with good range of motion of the digits and wrists. The diagnosis was complex regional pain syndrome, left shoulder impingement syndrome, status post right shoulder rotator cuff repair with residual pain, bilateral elbow triceps tendinosis, and right 1st dorsal compartment stenosing tenosynovitis. The treatment plan included bilateral upper extremity physical therapy for strengthening and range of motion. PracaSil plus and PracaSil gel topical medications were prescribed for her shoulder, elbow, and wrist complaints. The magnetic resonance imaging evaluation of the left shoulder was requested. The 9/12/14 utilization review

denied the request for left shoulder magnetic resonance imaging as current physical therapy was recommended and approved and surgical intervention was currently not planned. The requests for PracaSil plus and PracaSil gel were denied as there was no clear indication as to the specific formulation of these compounded topical products and many of the agents used had no evidence based medical guideline support for efficacy. The treating physician indicated that PracaSil may be compounded with other agents including betamethasone valerate, gabapentin, lidocaine, prilocaine, tranilast, lipoic acid, tretinoin, metronidazole, niacinamide, hydroquinone, hydrocortisone, and kojic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines do not recommend routine magnetic resonance imaging for evaluation of shoulder complaints without surgical indications. The guideline criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The guideline criteria have not been met at this time. The treatment plan included an approved bilateral upper extremity physical therapy program for strengthening and range of motion. There is no documentation that the worker has failed conservative treatment. There are no current exam findings suggestive of a red flag or current surgical indications. Therefore, this request is not medically necessary.

Unknown prescription of Pracasil plus: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these

agents. The guidelines recommend the short term use of topical non-steroidal anti-inflammatory agents, for osteoarthritis and tendinitis, particularly of the knee and elbow or other joints that are amenable to topical treatment. Short term use is defined as 4-12 weeks. The guideline criteria have not been met. The request for PracaSil Plus topical cream is not specifically defined relative to the compounded active ingredients. As all compounded agents cannot be recommended, this request for an unknown prescription of PracaSil plus is not medically necessary.

Unknown prescription of PracaSil gel: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Guidelines recommend the short term use of topical non-steroidal anti-inflammatory agents, for osteoarthritis and tendinitis, particularly of the knee and elbow or other joints that are amenable to topical treatment. Short term use is defined as 4-12 weeks. The guideline criteria have not been met. The request for PracaSil topical gel is not specifically defined relative to the compounded active ingredients. As all compounded agents cannot be recommended, this request for an unknown prescription of PracaSil gel is not medically necessary.