

Case Number:	CM14-0049471		
Date Assigned:	06/27/2014	Date of Injury:	06/07/2012
Decision Date:	08/13/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine and is licensed to practice in Arizona. 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:

This claimant is a 57-year-old female who has had multiple falls on the job while walking and slipping on various materials on the floor. She additionally had a pallet fall on her right shoulder and subsequently had to lift a 70 pound box. Additionally she had repetitive lifting and reaching which also contributed to problems with her right shoulder. She subsequently developed problems with the left shoulder which was felt to be due to over compensating from a painful right shoulder. She additionally has chronic lower back pain and bilateral knee pain. The workman's compensation covers the shoulders. Her recorded date of injury is April 27, 2012. She is not working because she was laid off in June 2012 due to there not being enough work. She had a right shoulder MRI on July 5, 2012 which revealed a full thickness rotator cuff tear with a moderate amount of fluid, and acromioclavicular (A/C) arthropathy. She has had a steroid shot into the right shoulder which helped about one month. 10 acupuncture sessions and chiropractic (number of visits not documented) treatments did not help. She has been on medication, though the names of the medications are not mentioned. There is a request for authorization of a compounded analgesic that includes ketoprofen, lidocaine, capsaicin and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lido/Cap/Tram (med) 15%1960.012/5% liquid QTY:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 112, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines of the MTUS state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, etc. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs, Lidocaine and Capsaicin are sometimes recommended under certain circumstances, usually after a failure of first line therapy. Baclofen and Gabapentin however are neither recommended for topical usage. Thus because the compounded formulation requested, contains Baclofen, this medication is deemed to not be medically necessary.