

Case Number:	CM14-0087335		
Date Assigned:	07/23/2014	Date of Injury:	08/18/2013
Decision Date:	10/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with a 6/18/13 date of injury, and right shoulder arthroscopy and rotator cuff repair on 2/13/14. At the time (4/18/14) of request for authorization for Ketoprofen 20% 120mg/Ketamine 10% gel 120mg; Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% 120mg; and Flurbiprofen 20% gel 120mg, there is documentation of subjective (right shoulder pain) and objective (limited range of motion of the right shoulder) findings. Current diagnoses include status post right shoulder arthroscopy and rotator cuff repair, and treatment to date includes physical therapy and medications (including Norco and Naprosyn). Regarding Flurbiprofen 20% gel 120mg, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 120mg/Ketamine 10% gel 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopy and rotator cuff repair. However, the requested Ketoprofen 20% 120mg/Ketamine 10% gel 120mg contains at least one drug (ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 20% 120mg/Ketamine 10% gel 120mg is not medically necessary.

Gabapentin 10%, Cyclbenzaprine 10%, Capsaicin 0.0375% 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopy and rotator cuff repair. However, the requested Gabapentin 10%, Cyclbenzaprine 10%, Capsaicin 0.0375% 120mg contains at least one drug (capsaicin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%, Cyclbenzaprine 10%, Capsaicin 0.0375% 120mg is not medically necessary.

Flurbiprofen 20% gel 120mg: 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 Non-steroidal anti-inflammatory agents (NSAIDs), Page(s): 111-112. Decision based on Non-MTUS Citation ODG, Pain, Topical analgesics

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder arthroscopy and rotator cuff repair. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, given documentation of ongoing treatment with Naprosyn, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20% gel 120mg is not medically necessary.