

Case Number:	CM14-0089050		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2010
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/13/2014

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 and is licensed to practice in Nevada. 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 51 year-old individual was reportedly injured on 4/19/2010. The mechanism of injury is noted as an industrial injury. The most recent progress note dated 5/28/2014 indicates that there are ongoing complaints of right shoulder pain that radiates in the neck. The physical examination demonstrated right shoulder: positive tenderness to palpation over the anterior aspect of the shoulder, super scapular muscles in the acromion. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request was made for Flurbiprofen 20%, Capsaicin 0.025%, Methyl Salicylate 4%, Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2.5% and was not certified the pre-authorization process on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Capsaidin 0.025%, Methyl Salicylate 4%, in Lipoderm Base 180g:
Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2.5% in Lipoderm Base 180 mg: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.