

Case Number:	CM14-0092666		
Date Assigned:	09/19/2014	Date of Injury:	09/10/2009
Decision Date:	10/21/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 68 year old male who is reported to have sustained a work related injury on 10 September 2009 involving injury to his right arm and shoulder. There is a history of earlier injury involving the neck. The available records indicate he has received right shoulder surgery, extracorporeal shockwave therapy, manipulation, physical therapy and various oral and topical medications for treatment of pain and to improve mobility. Recent medical notes indicate a well healed post-surgical status with a subjective pain level reported as 5-6/10. There is also notation of reduced range of motion and tenderness in the shoulder. Sensation and DTR's are noted as being within normal limits with upper extremity strength of 4/5. This individual has been prescribed numerous compounded topicals which he is presumably still using (records do not note), but there is no specific reference in the available records detailing their efficacy. He has been prescribed a combination ketorolac and tramadol topical for inflammation and pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Diclofenac 24%, Tramadol 15% 240gr: Upheld

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

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

Decision rationale: MTUS states that the only FDA- approved NSAID medication for topical use is diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. Further there is no reference in the available records noting efficacy of prior topicals/ongoing use, or any record of prior trials of medications. Per the MTUS "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." As such the request for topical diclofenac/tramadol is deemed not medically necessary.