

Case Number:	CM14-0098927		
Date Assigned:	07/28/2014	Date of Injury:	10/19/2012
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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 Medicine and is licensed to practice in Florida. 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 28-year-old female who reported an injury on 10/19/2012 while doing her customary work. The outer portion of her right arm, of her wrist and elbow began to develop pain from repeated lifting, carrying, pushing, pulling, and moving boxes as well as cutting various cardboards. The injured worker had a history of constant dull pain at the trapezius located by the right shoulder. The injured worker's diagnoses included right carpal tunnel syndrome, right shoulder impingement syndrome with possible rotator cuff tear, rule out internal derangement, right shoulder, elbow, hand, and wrist. The past surgical procedures included a status post cubital tunnel release dated 11/25/2013 with improvement. The prior treatments included injections, physical therapy, and medication. The MRI of the right shoulder dated 02/20/2014 revealed an acromion type I and II with mild changes. The injured worker rated her pain a 4/6 to right elbow, a 6/10 to the right shoulder, and a 1/10 occasional right wrist/hand pain. Medications included tramadol as needed. The physical examination of the right shoulder revealed range of motion with flexion at 180 degrees and abduction at 170 degrees. There was no complaint in increasing pain towards terminal range of motion or towards resistance. No myofascial tenderness bilaterally to the trapezius or posterior shoulder girdle. No tenderness noted at the acromioclavicular joint to palpation bilaterally. A positive Neer's impingement test and Hawkins's-Kennedy impingement was dated 04/07/2014. The treatment plan included compound gel. The request for authorization dated 07/28/14 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Pain Gel/LOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that 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 monotherapy or in combination for pain control; however, 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; therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines indicate that there must be knowledge of the agents that are in the compound agents. However, the request for the compound pain gel/LOT is unable to determine how many components the agent has in it. The clinical note indicated that the injured worker has tramadol that is taken as needed which seems to be effective. The request did not indicate the frequency, the duration, or the dosage. As such, the request for Compound Pain Gel/LOT is not medically necessary.