

Case Number:	CM13-0056660		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2011
Decision Date:	03/30/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/22/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on August 19, 2011. The diagnoses have included generalized pain, cervical discopathy and left shoulder impingement. Currently, the injured worker complains of continued shoulder and neck pain. On examination, the injured worker remained unchanged from previous visits and his cervical spine revealed tenderness to palpation and a positive Spurling's test. His left shoulder had tenderness to palpation in the subacromial space and AC joint and a positive impingement and Hawkins' sign. There was pain with terminal motion. On October 25, 2013 Utilization Review non-certified a request for compounded medication Flur/Cyclo/Caps/Lid 10%, 2%, 0.0125%, 1% 120 mg and compounded medication Keto/Lido/Cap/tram 15%, 1%, 12.5% 50 grams, noting that the guidelines do not support the use of creams in the injuries cited. The California Medical Treatment Utilization Schedule was cited. On November 22, 2013, the injured worker submitted an application for IMR for review of compounded medication Flur/Cyclo/Caps/Lid 10%, 2%, 0.0125%, 1% 120 mg and compounded medication Keto/Lido/Cap/tram 15%, 1%, 12.5% 50 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compounded medication, Ketop/Lidoc/Cap/Tram 15%,1%,12/5%,60g, DOS 10/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have not been studied for the spine hip or shoulder. In addition, they are indicated for osteoarthritis. The claimant was not diagnosed with osteoarthritis. In addition, topical Lidocaine is intended for neuropathy related to diabetes or herpes. In this case, the claimant did not have the above. As a result, the request for the compound above is not medically necessary.

Retrospective request for compounded medication, Flur/Cyclo/Caps/Lid 10%,2%,0.0125%,1% 120g (DOS 10/14/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Since the compound in question contains Cyclobenzaprine, the compound in question is not medically necessary.