

<b>Case Number:</b>	CM14-0212006		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/19/2007
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 is a patient with a date of injury of August 19, 2007. A utilization review determination dated November 17, 2014 recommends noncertification for "compound medication." A progress report dated November 7, 2014 identifies subjective complaints of bilateral shoulder and wrist pain. The pain is made better with rest and medication. The pain uses naproxen which reduces her pain from 8 to 4/10. It allows her to do more activities. Objective examination findings revealed decreased range of motion in the shoulders with positive orthopedic tests. Diagnoses include right carpal tunnel syndrome, left shoulder strain, status post bilateral carpal tunnel release, and right shoulder rotator cuff syndrome. The treatment plan recommends continuing naproxen, bilateral upper extremity EMG/NCV, bilateral wrist braces, magnetic resonance angiography of the right shoulder, physical therapy, and a urine toxicology screen. A progress report dated October 15, 2014 requests authorization for diclofenac/lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Regarding the request for Compound Medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Compound Medication is not medically necessary.