

Case Number:	CM15-0113560		
Date Assigned:	06/19/2015	Date of Injury:	09/30/2013
Decision Date:	07/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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 & Rehabilitation

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 58 year old male, who sustained an industrial injury on 9/30/13. Initial complaints were not reviewed. The injured worker was diagnosed as having joint derangement not otherwise specified-shoulder; acromioclavicular sprain; sprain rotator cuff; sprain shoulder/arm not otherwise specified. Treatment to date has included chiropractic therapy; status post right shoulder arthroscopic subacromial decompression, open distal clavicle resection Mumford type procedure with excision of body fragments and extensive debridement of SLAP lesion and partial rotator cuff tear surgery (2/25/15). Currently, the PR-2 notes dated 4/30/15 indicated the injured worker complains of frequent achy, sharp right shoulder pain, associated with pushing, pulling and lifting. does not use any assistive devices or supports. His motor strength is 4/5 for the right shoulder; deep tendon reflexes are normal and equal bilaterally at 2/2. He finds not relief with NSAIDS or therapy. The injured worker is a status post right shoulder arthroscopic subacromial decompression, open distal clavicle resection Mumford type procedure with excision of body fragments and extensive debridement of SLAP lesion and partial rotator cuff tear surgery on 2/25/15. Objective findings note he has tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. There is muscle spasm of the anterior shoulder and posterior shoulder with Neer's and Hawkin's testing as positive with shoulder apprehension negative. His flexion is 160/180 and abduction 140/180 with all other planes as normal. The treatment plan on this date was to continue chiropractic therapy for condition post operatively. The provider has requested Compound - Flurbiprofen 20%,

Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 1.025%/ Hyaluronic acid 0.2% in cream base and Compound - Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound - Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 1.025%/Hyaluronic acid 0.2% in cream base: 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 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Compound - Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 1.025%/Hyaluronic acid 0.2% in cream base is not medically necessary and appropriate.

Compound - Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base: 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 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately

demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Compound, Amitirptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base is not medically necessary and appropriate.