

Case Number:	CM15-0119173		
Date Assigned:	06/29/2015	Date of Injury:	10/30/2007
Decision Date:	07/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/19/2015

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 73 year old male who sustained a work related injury October 30, 2007. Past history included s/p right shoulder rotator cuff repair, 2010. According to a primary treating physician's follow-up consultation, dated May 21, 2015, the injured worker presented with continuous right shoulder pain with limited range of motion. Physical examination of the right shoulder demonstrated abduction to 80 degrees, forward flexion 90 degrees, and external rotation 70 degrees. Impingement signs are positive and there is moderate weakness. An MRI of the right shoulder, dated September 4, 2014 with comparison to image March 22, 2011 is present in the medical record. Diagnosis is documented as right failed shoulder rotator cuff repair with recurrent tear and early arthroscopy. At issue, is the request for authorization for topical analgesic cream; ketoprofen/gabapentin/bupivacaine/baclofen/cyclobenzaprine/ clonidine/ hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical analgesic cream: ketoprofen 10%/gabapentin 6%/bupivacaine 5%/baclofen 2%/cyclobenzaprine 2%/clonidine 0.2%/hyalaronic acid 2%, 300 grams with three refills:

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) 111-113.

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, muscle relaxant 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 NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Topical analgesic cream: ketoprofen 10%/gabapentin 6%/bupivacaine 5%/baclofen 2%/cyclobenzaprine 2%/clonidine 0.2%/hyalaronic acid 2%, 300 grams with three refills is not medically necessary and appropriate.