

Case Number:	CM15-0125031		
Date Assigned:	07/09/2015	Date of Injury:	09/11/2003
Decision Date:	08/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old female who sustained an industrial injury on 09/11/2003. Mechanism of injury was a slip and fall with cervical spine, bilateral shoulders, right forearm, and right wrist involvement. Diagnoses include cervicgia, pain in the limb and muscle spasm, arthritis of the shoulder, and arm pain. Treatment to date has included diagnostic studies, medications, cervical epidural injections, physical therapy, and home exercise program. She is status post left shoulder arthroscopy x 2, right shoulder arthroscopy x 2, and right shoulder repeat subacromial decompression with bursectomy and right shoulder rotator cuff debridement. Her medications include Lidoderm patches, Baclofen, Gabapentin, Ibuprofen, Ketamine-Ketoprofen- Lidocaine cream, Omeprazole and Tramadol. A physician progress note dated 06/15/2015 documents the injured worker has complaints of pain in the right knee, elbows and low back, and her primary complaint is of pain in the right shoulder and neck. She rates her pain as 7 out of 10. She has muscle swelling of her trapezius and suprascapular muscle. Her pain is aching and at times sharp. She has difficulty lifting her arms and extending arms above the shoulder level. Spasms are present. She sleeps about 5-6 hours a night. She has complaints of new right knee pain. Surgery is indicated but she refuses at this time. She has multiple muscle group tenderness to palpation, trapezius, suprascapular muscle, lumbar paraspinal muscles, and cervical paraspinal muscles. She has tenderness to palpation over the right knee patella, with minimal edema. Her right rib fracture site is much less tender to palpation. Fracture is now healed. The treatment plan included Gabapentin 300mg #480. Treatment requested is for Ketamine

10%/Ketoprofen 10%/Lidocaine 5% topical cream 100gms, Qty: 5.00, Lidocaine topical patches 5% film, Qty: 720, and Tramadol 50mg, Qty: 480.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%/Ketoprofen 10%/Lidocaine 5% topical cream 100gms, Qty: 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured 12 years ago in a fall. Diagnoses include cervicgia, pain in the limb and muscle spasm, arthritis of the shoulder, and arm pain. Treatment to date has included diagnostic studies, medications, cervical epidural injections, physical therapy, and home exercise program. She is status post left shoulder arthroscopy x 2, right shoulder arthroscopy x 2, and right shoulder repeat subacromial decompression with bursectomy and right shoulder rotator cuff debridement. Her medications include Lidoderm patches, Baclofen, Gabapentin, Ibuprofen, Ketamine-Ketoprofen-Lidocaine cream, Omeprazole and Tramadol. As of June 2015, there is still pain. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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 provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

Lidocaine topical patches 5% film, Qty: 720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: As shared previously, this claimant was injured 12 years ago in a fall. Diagnoses include cervicgia, pain in the limb and muscle spasm, arthritis of the shoulder, and

arm pain. Treatment to date has included diagnostic studies, medications, cervical epidural injections, physical therapy, and home exercise program. She is status post left shoulder arthroscopy x 2, right shoulder arthroscopy x 2, and right shoulder repeat subacromial decompression with bursectomy and right shoulder rotator cuff debridement. Her medications include Lidoderm patches, Baclofen, Gabapentin, Ibuprofen, Ketamine-Ketoprofen-Lidocaine cream, Omeprazole and Tramadol. As of June 2015, there is still pain. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not medically necessary.

Tramadol 50mg, Qty: 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83 and 113 of 127.

Decision rationale: As shared, this claimant was injured 12 years ago in a fall. Diagnoses include cervicgia, pain in the limb and muscle spasm, arthritis of the shoulder, and arm pain. Treatment to date has included diagnostic studies, medications, cervical epidural injections, physical therapy, and home exercise program. She is status post left shoulder arthroscopy x 2, right shoulder arthroscopy x 2, and right shoulder repeat subacromial decompression with bursectomy and right shoulder rotator cuff debridement. Her medications include Lidoderm patches, Baclofen, Gabapentin, Ibuprofen, Ketamine-Ketoprofen-Lidocaine cream, Omeprazole and Tramadol. As of June 2015, there is still pain. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.