

Case Number:	CM15-0168085		
Date Assigned:	09/29/2015	Date of Injury:	10/27/2014
Decision Date:	11/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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, North Carolina
 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 33 year old male with an industrial injury date of 10-27-2014. Medical record review indicates he is being treated for right shoulder impingement syndrome. Subjective complaints (07-09-2015) include "constant, moderate to 7 out of 10, stabbing right shoulder pain" aggravated by cold weather and movement. "Relief from medication." In the 05-11-2015 and the 06-22-2015 note the pain was rated as 4 out of 10. In the treatment note dated 06-22- 2015 work status is documented as "off-work until 07-30-2015." Prior medications included Cyclobenzaprine, Pantoprazole, Tramadol and Motrin. Current medications included Diclofenac, Amitriptyline 10% Gabapentin 10% Bupivacaine 5% hyaluronic acid 0.2% in cream 240 gm and Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% cream base 30 gm #240 (since at least 01-2015)Objective findings are documented as no bruising, swelling atrophy or lesion present of the right shoulder. Range of motion was decreased. The treatment request is for Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% cream base 30 gm, #240 Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% cream base 30 gm #240 and Urine toxicology and confirmations ordered for medical monitoring and management purposes with specimen collection and handling (DOS 07/09/2015).On 07-20-2015 the request for Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% cream base 30 gm, #240 Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% cream base 30 gm #240 and Urine toxicology and confirmations ordered for medical monitoring and management purposes with specimen collection and handling (DOS 07/09/2015) was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10% Gabapentin 10% Bupivacaine 5% hyaluronic acid 0.2% in cream 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Most of these agents have little to no research to support their use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the compounded product contains Gabapentin, which is not recommended for topical use. In addition, antidepressants, such as Amitriptyline is not recommended for topical use. Guidelines are silent regarding Bupivacaine and hyaluronic acid, so they are likewise considered not recommended. Therefore, the request is not medically necessary or appropriate.

Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% cream base 30gm #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. 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 recommended. In this case, there is no peer-reviewed literature to support the use of topical Baclofen. In addition, the patient is already taking an oral NSAID (Diclofenac) and there is no rationale provided for the use of two NSAIDs. Capsaicin is only used when patients have not responded or are intolerant to other treatments, which is not identified in this case. The other components of this compounded product are also likewise not recommended for topical use. Therefore the request is not medically necessary or appropriate.

Urine toxicology and confirmations ordered for medical monitoring and management purposes with specimen collection and handling (DOS 07/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS Guidelines state that drug testing is recommended as an option using urine drug screening (UDS) to assess for the use or presence of illegal drugs. UDS is also commonly used to monitor patients on opioid therapy to ensure compliance. In this case, the patient is not being prescribed an opioid to support the request of a UDS. There is also no evidence of aberrant behavior warranting a UDS. The additional request for collection and handling of the specimen is not supported since collection and handling are considered part of the UDS process and should not be separately considered. Thus the request for a UDS is not medically necessary or appropriate.