

Case Number:	CM15-0175146		
Date Assigned:	09/16/2015	Date of Injury:	01/28/2015
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: New Jersey

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 47 year old male who sustained an industrial injury on 01-28-15. A review of the medical records indicates the injured worker is undergoing treatment for left shoulder impingement syndrome. Medical records (07-23-15) reveal the injured worker reports left shoulder pain rated at 7/10. The physical exam (07-23-15) reveals the left shoulder ranges of motion are "decreased and painful." Treatment has included medications. The original utilization review (08-05-15) non-certified the HS-AGBH and FBD topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound (HS) AGBH 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015).

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS also states specifically that gabapentin is not recommended for topical use due to lack of supportive data for use in treating chronic pain. In the case of this worker, the topical combination product amitriptyline/gabapentin/bupivacaine/hyaluronic acid was recommended to use. There was no evidence to suggest this combination of topical medication product was effective at reducing pain and increasing function or allowing for a reduction in oral pain medications as this was not documented. Also, the product contained a non-recommended ingredient (gabapentin). Therefore, the compound (HS) AGBH will be considered medically unnecessary at this time.

Compound FBD 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/2015).

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo-contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS also states specifically that baclofen is not recommended for topical use due to lack of supportive data for use in treating chronic pain. In the case of this worker, the topical combination product flurbiprofen/baclofen/dexamethasone/panthenol was recommended to use. The worker was already taking an oral NSAID, and there was no evidence to suggest the oral NSAID or other medications were reduced due to the use of this topical product. Also, the product contained a non-recommended ingredient (baclofen). Therefore, the compound FBD will be considered medically unnecessary at this time.