

Case Number:	CM15-0062757		
Date Assigned:	04/08/2015	Date of Injury:	03/13/2014
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 47-year-old female, who sustained an industrial injury on March 13, 2014. The injured worker had reported right shoulder, right hand and right knee pain related to a fall. The diagnoses have included right shoulder rotator cuff tear, adhesive capsulitis of the right shoulder, chronic nonmalignant of the right shoulder, right shoulder tendinitis/bursitis and rotator cuff syndrome of the right shoulder. Treatment to date has included medications, radiological studies, left shoulder injection, physical therapy, a home exercise program and right shoulder surgery. Current documentation dated February 19, 2015 notes that the injured worker reported constant moderate to severe throbbing pain in the right shoulder. Physical examination of the right shoulder revealed tenderness and a positive Speeds test and Supraspinatus test. The treating physician's plan of care included a request for range of motion measurements and the topical compounds (Lidocaine 6 Percent, Gabapentin 10 Percent and Ketoprofen 10 Percent) and (Flurbiprofen 15 Percent, Cyclobenzaprine 2 Percent, Baclofen 2 Percent and Lidocaine 5 Percent).

IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound (Lidocaine 6 Percent, Gabapentin 10 Percent, Ketoprofen 10 Percent)
 #180 Qty 3: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Topical Compound (Flurbiprofen 15 Percent, Cyclobenzaprine 2 Percent, Baclofen 2 Percent, Lidocaine 5 Percent) #180 Gram Qty 3: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Range of Motion Measurements: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, range of motion measurements.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG, states computerized range of motion measurements are not recommended. These should be part of a routine physical exam and an inclinometer is the preferred testing instrument for reliable and accurate measurements. Therefore the request is not medically necessary.