

Case Number:	CM15-0068163		
Date Assigned:	04/15/2015	Date of Injury:	10/04/2012
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on October 4, 2012. She reported neck and left shoulder pain with popping pain, grinding, and stiffness. Initial treatment included x-rays, physical therapy, chiropractic therapy, acupuncture, work modifications, a brace, and medications. The injured worker was diagnosed as having cervical disc herniation without myelopathy, left shoulder rotator cuff syndrome, and rule out thoracic outlet syndrome. Additional treatment to date has included MRIs, electromyography/nerve conduction study, work modifications, trigger point injections, left shoulder injection, and medication. On January 14, 2015, the injured worker complains of frequent, moderate, aching, and throbbing left shoulder pain. She also complains of frequent, moderate burning cervical spine pain. The physical exam revealed spasm and tenderness of the bilateral cervical paraspinal muscles from cervical 2 to cervical 7 and bilateral suboccipital muscles. The cervical range of motion was normal, except for decreased right bending. There was a decreased left triceps reflex, equal sensation of the bilateral cervical dermatomes, and normal cervical myotomes. There was spasm and tenderness of the left rotator cuff muscles and left shoulder muscles. The left shoulder cervical range of motion was normal, except for decreased and painful flexion. The treatment plan includes a topical compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound cream - Lidocaine, Ketoprofen, Gabapentin for DOS 2/10/2015:
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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective compound cream: Lidocaine, Ketoprofen, Gabapentin on date of service February 10, 2015 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical ketoprofen is not FDA approved for topical use. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; rotator cuff syndrome left shoulder; and rule out thoracic outlet syndrome. The medical records contain progress notes from 2013. There was a single progress note dated January 14, 2015 and no subsequent progress notes including February 10, 2015. The January 14, 2015 progress note, subjectively, states pain in the left shoulder and cervical spine. Objectively, there were no neurologic findings. The topical analgesic was first prescribed January 14, 2015. There was no documentation of objective functional improvement because no further documentation (progress notes) was present in the medical record. Any compounded product that contains at least one drug (ketoprofen, lidocaine, and gabapentin) that is not recommended is not recommended. Consequently, retrospective compound cream: lidocaine, ketoprofen, gabapentin is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective compound cream: Lidocaine, Ketoprofen, Gabapentin on date of service February 10, 2015 are not medically necessary.

Retrospective compound cream - Flurbiprofen, Cyclobenzaprine, Baclofen, Lidocaine for DOS 2/10/2015: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective compound cream: Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine, data service February 10, 2015 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical flurbiprofen is not FDA approved for topical use. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; rotator cuff syndrome left shoulder; and rule out thoracic outlet syndrome. The medical records contain progress notes from 2013. There was a single progress note dated January 14, 2015 and no subsequent progress notes including February 10, 2015. The January 14, 2015 progress note, subjectively, states pain in the left shoulder and cervical spine. Objectively, there were no neurologic findings. The topical analgesic was first prescribed January 14, 2015. There was no documentation of objective functional improvement because no further documentation (progress notes) was present in the medical record. Any compounded product that contains at least one drug (lidocaine, Flurbiprofen, cyclobenzaprine and baclofen) that is not recommended is not recommended. Consequently, retrospective compound cream: Flurbiprofen, cyclobenzaprine, baclofen and lidocaine is not recommended. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, retrospective compound cream: Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine, data service February 10, 2015 are not medically necessary.