

Case Number:	CM15-0069760		
Date Assigned:	04/17/2015	Date of Injury:	11/04/2014
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 37 year old male, who sustained an industrial injury on 11/04/2014. The initial complaints or symptoms included pop in the left shoulder. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and MRI arthrogram. Currently, the injured worker complains of left shoulder pain and dysfunction. The diagnoses include left shoulder strain with tendinitis/labral tear. The treatment plan consisted of topical medications (retrospective request for Lidocaine 6%/Ketoprofen 10%/Gabapentin 10%/Versapro Cream Base and Flurbiprofen 15%/Cyclobenzaprine HCI 2%/Baclofen 2%/Lidocaine 5%/Versapro Cream Base).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Lidocaine 6%/Ketoprofen 10%/Gabapentin 10%/Versapro Cream Base DOS: 01/19/15: Upheld

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

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

Decision rationale: MTUS 2009 recommends against the use of compounded topical agents. Gabapentin is not recommended as a component of a topical analgesic and this compound contains it. It further states that there is no evidence of efficacy. The use of topical compounded agents does not adhere to MTUS 2009. There is no explanation in the medical records as to why a compounded topical agent should be used in this case. This request for the topical agent is denied. Therefore the request is not medically necessary.

Retrospective request: Flurbiprofen 15%/Cyclobenzaprine Hci 2%/Baclofen 2%/Lidocaine 5%/Versapro Cream Base DOS: 01/19/15: Upheld

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

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

Decision rationale: MTUS 2009 recommends against the use of compounded topical agents. Cyclobenzaprine is not recommended as a component of a topical analgesic and this compound contains it. It further states that there is no evidence of efficacy. The use of topical compounded agents does not adhere to MTUS 2009. There is no explanation in the medical records as to why a compounded topical agent should be used in this case. This request for the topical agent is denied. The request is not medically necessary.