

Case Number:	CM15-0098008		
Date Assigned:	06/03/2015	Date of Injury:	07/05/1997
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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 73-year-old male, who sustained an industrial injury on 7/05/1997. He reported an acute injury to the left shoulder while on a ladder and subsequently underwent left shoulder surgery 9/18/97 and again on 9/27/2004. He is status post left carpal ligament surgery 6/17/98. Diagnoses include left shoulder bursitis, chronic postoperative pain, and myalgia and myositis. Treatments to date include anti-inflammatory medication, analgesic, and physical therapy. Currently, he complained of left shoulder pain rated 8/10 VAS. On 4/20/15, the physical examination documented pain with range of motion. The plan of care included Toradol compound cream, one bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol compound cream, quantity: 1 bottle: Upheld

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

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, Toradol compound cream # one bottle is 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. Topical Toradol (non-steroidal anti-inflammatory topical cream) is not recommended. The only FDA approved topical nonsteroidal anti-inflammatory drug is diclofenac. In this case, the injured worker's working diagnoses are other chronic postoperative pain; bursitis of shoulders; and myalgia and myositis. The documentation shows Toradol compound cream was first prescribed April 20, 2015. The request for authorization is dated April 29th 2014. Subjective complaints are limited to the left shoulder with pain and decreased range of motion. Topical Toradol (nonsteroidal anti-inflammatory topical cream) is not recommended. Any compounded product that contains at least one drug (Toradol topical is not FDA for topical use) that is not recommended is not recommended. Additionally, topical nonsteroidal anti-inflammatory drugs are not indicated for the spine, hip and shoulder. Consequently, Toradol compound cream is not recommended. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, Toradol compound cream # one bottle is not medically necessary.