

Case Number:	CM13-0050762		
Date Assigned:	12/27/2013	Date of Injury:	05/28/2011
Decision Date:	09/26/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old patient had a date of injury on 5/28/2011. The mechanism of injury was not noted. In a progress noted dated 5/22/13, subjective findings included back pain, right shoulder pain, and neck pain. On a physical exam dated 5/22/2013, objective findings included tender to right shoulder. The patient is taking ibuprofen 800mg #90 for pain relief. Diagnostic impression shows right supraspinatus tendon tear, status post arthroscopic repair, right subscapularis tendon tear, subluxation of right biceps tendon. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 11/4/2013 denied the request for flurbiprofen/cyclobenzaprine/menthol (DOS 5/28/2013), compounded cream for lumbar spine, neck, and right shoulder, stating that compounded topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 5/28/13); FLUR/CYCL/MENT (FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL) COMPOUNDED CREAM FOR THE LUMBAR SPINE, NECK AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, CA MTUS 2009: 9792.24.2. Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Furthermore, in a progress report dated 5/22/2013, the patient is noted to be taking ibuprofen 800mg for pain relief. There was no discussion regarding the failure of this analgesic. Therefore, the request for flurbiprofen/cyclobenzaprine/menthol compounded cream for lumbar spine, neck, and right shoulder (DOS 5/28/2013) is not medically necessary.