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| Case Number: | CM14-0145132 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 01/30/2012 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 55 year-old patient sustained an injury on 1/30/12 while employed by [REDACTED]. Request(s) under consideration include Topical Compounded medication (Diclofenac; Flurbiprofen; Gabapentin; Lidocaine; Versatile cream base) #120 grams with 2 refills. Diagnoses include left shoulder pain; brachial plexopathy rule out thoracic outlet syndrome. Report of 7/30/14 from the provider noted the patient with ongoing chronic left shoulder pain radiating down left arm with associated numbness/tingling and weakness. The patient noted functional improvement and pain relief with medications. Exam showed left shoulder with diffuse tenderness; decreased sensitivity over forearm; intact sensation in 5 digits; grip strength of 5-/5; shoulder flexion of 90 degrees with pain on resistance. Medications list Neurontin 300mg, Norco 7.5/325 mg; and topical compound. The request(s) for Topical Compounded medication (Diclofenac; Flurbiprofen; Gabapentin; Lidocaine; Versatile cream base) #120 grams with 2 refills was non-certified on 8/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication (Diclofenac; Flurbiprofen; Gabapentin; Lidocaine; Versatile cream base) # 120 grams with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Topical Compounded medication (Diclofenac; Flurbiprofen; Gabapentin; Lidocaine; Versatile cream base) #120 gram with 2 refills is not medically necessary and appropriate.