

Case Number:	CM13-0014513		
Date Assigned:	10/04/2013	Date of Injury:	11/30/2005
Decision Date:	01/24/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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:

The patient is a 68-year-old male who reported a work-related injury on 11/30/2005 due to slipping and falling. The patient was diagnosed with a right shoulder strain/sprain, rotator cuff tear exacerbation and tendinosis. The patient has undergone extracorporeal shockwave therapy and physical therapy. An MRI of the right shoulder dated 04/20/2013 revealed a full thickness tear of the supraspinatus tendon, glenohumeral joint effusion, biceps tendinosis, acromioclavicular degenerative disease, extensive fatty atrophy of the supraspinatus and infraspinatus muscles and glenohumeral chondromalacia. A request was made for the medical necessity of Medrox patch #60 and Flurflex 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch, #60: 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: The Physician Reviewer's decision rationale: Recent clinical documentation submitted for review stated that the patient complained of headaches and pain in the right

shoulder and arm. He rated his headache as an 8/10 per the VAS and his pain in the right shoulder and arm as a 2/10. Objective findings revealed grade I tenderness to palpation of the right shoulder with restricted range of motion. Supraspinatus test was positive. Exam of the right arm revealed grade I tenderness to palpation and restricted range of motion. No changes were noted on the neurocirculatory examination. The patient reported decreased pain and tenderness with extracorporeal shockwave therapy as well as a 40% increase in range of motion and 10% improvement in his activities of daily living. It was noted that topical medications were prescribed for the patient in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications as well as upper GI bleeding from the use of NSAID medications. (Answer to Question #1 appears to start here?) The California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Guidelines further state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medrox is a topical analgesic containing menthol 5% and 0.0375% capsaicin. Guidelines state that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Guidelines also state that there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There was no clinical documentation stating that the patient had not responded to or was intolerant to other treatments, to include oral NSAIDs or analgesics. Therefore, the request for Medrox patch #60 is non-certified.

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 71, 111, 41.

Decision rationale: The Physician Reviewer's decision rationale: The recent clinical documentation submitted for review stated that the patient complained of headaches and pain in the right shoulder and arm. The patient had undergone extracorporeal shockwave therapy and stated that it helped his right shoulder. The patient was prescribed with physical therapy to his right shoulder and was prescribed Fluriflex 180 gm and Medrox patch #60. The medication Fluriflex contains flurbiprofen 15% and cyclobenzaprine 10%. The California MTUS Chronic Pain Medical Treatment Guidelines state that flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. Guidelines further state that this agent is not currently approved for a topical application. FDA-approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. The California MTUS Chronic Pain Medical Treatment Guidelines also do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for the use of muscle relaxants as a topical product. Furthermore, the addition of cyclobenzaprine to other agents is not recommended. Given the above, the decision for Fluriflex 180 gm is non-certified.

