

<b>Case Number:</b>	CM13-0029740		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Emergency Medicine, 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 has a date of injury of 6/15/2006. The injury was reported by [REDACTED] on 7/19/13 as a "new claim" of injury due to repetitive injury at work. There is no provided mechanism of the original injury. Patient has diagnosis of right knee internal derangement, right knee contusion, bilateral patellofemoral chondromalacia, morbid obesity post gastric bypass surgery and lumbar discopathy. There is no shoulder diagnosis provided. Reports from the primary treating physician, [REDACTED] (orthopedics), were reviewed. Last report available until 7/19/13. Patient reports to low back and knees with some neck and shoulder pain. Pain noted in left shoulder radiating to left upper extremity with numbness and tingling in both hands. Back pain radiates down the right lower extremity-localized to right knee. Objective exam noted paralumbar muscle tenderness with weakness of extension of lumbar spine. There is left acromioclavicular joint tenderness, shoulder limited range of motion (ROM) and weakness. Positive sciatic stretch test and right medial knee joint tenderness and crepitus. Gait is antalgic. There is no objective pain scale provided. There is some unspecified left foot surgery reportedly done prior to 5/12. There is no medical history provided. There is no updated medication list provided. There are no X-rays or other imaging studies provided. Review is for physical therapy of left shoulder for 8 visits, flurbiprofen/cyclobenzaprine cream, Tramadol/gabapentin/menthol/camphor/capsaicin cream Prior utilization review on 8/27/13 recommended modification of certification for 6 visits of physical therapy, non-certification of flurbiprofen/cyclobenzaprine cream and non-certification of tramadol/gabapentin/menthol/camphor/capsaicin cream. Review certified hydrocodone/APAP and cartivisc prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left shoulder: eight (8) visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS guidelines recommended physical therapy and home exercise has benefit in treatment of pain and return of function. Provided documentation reports limited range of motion (ROM) of the affected shoulder along with pain, weakness and tenderness. The MTUS guidelines for physical therapy recommend fading of treatment frequency (3 visits per week to 1 per week) plus self-directed home therapy. The number of visits as per MTUS chronic pain guidelines has a minimal of 8 visits. The request for 8 visits for shoulder physical therapy is recommended.

**Flurbiprofen/cyclobenzaprine 15/10% 180 gm cream:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."

1) Flurbiprofen: Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). According to the MTUS guidelines, topical analgesics have limited evidence for long term efficacy. There is some evidence for its efficacy in joint osteoarthritis pain and may be used in chronic pain.

2) Cyclobenzaprine: Topical muscle relaxants like cyclobenzaprine are not recommended according to MTUS guidelines due to lack of evidence of efficacy. In summary, according to the MTUS guidelines since cyclobenzaprine is not recommended, the entire compounded product is not recommended.

**Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05% 180 gm cream:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, "Any compounded product that contain at least one drug(or drug class) that is not recommended is not recommended." 1) Tramadol:

Tramadol is a unique opioid with norepinephrine uptake inhibitor activity. It is FDA approved for oral consumption only. There is no evidence for its use as an unapproved topical product. 2) Gabapentin: Gabapentin is an antiepileptic. According to the MTUS guidelines, topical application of gabapentin is not recommended due to lack of efficacy. 3) Menthol/Camphor: No specific reference in the MTUS guidelines 4) Capsaicin: According to the MTUS guidelines, it may be effective in muscular skeletal or neuropathic pain. However, it is considered a second-line treatment and is only recommended after failure of first-line treatment. There is no documentation of failure of first-line treatment therefore it is not recommended. In summary, since topical Tramadol, gabapentin and capsaicin are not recommended, this compounded product is not recommended.