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| Case Number: | CM13-0030124 | | |
| Date Assigned: | 06/09/2014 | Date of Injury: | 05/29/2007 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 62-year-old male who reported an injury on 5/29/07; the mechanism of injury was not provided in the medical records. His diagnoses include status post bilateral shoulder surgery, cervical discogenic disease, and cervical facet arthrosis. His previous treatments included physical therapy, medication, and injections. Within the most recent clinical note dated 5/21/13, he reported neck pain and required medication refills. On physical examination of the bilateral shoulders, the physician reported the patient had tenderness to palpation about the incision and at the acromioclavicular joint. The physician reported the patient had good range of motion despite discomfort at terminal ends. On examination of the cervical spine, the physician reported that he had pain with axial rotation, tenderness to palpation over the bilateral cervical facets, and moderate trapezius and paraspinal muscle spasms. The physician reported that the patient had significantly restricted range of motion with extension and lateral rotation bilaterally. The physician's treatment plan included a recommendation for cervical facet blocks and refill of medications to include Restoril, Norco, and Flexeril. The physician recommended the patient have a follow-up exam in 6 to 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbipro/Lidocaine/Amitrip/PCCA lipo compound 180 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. For any compound product that contains at least 1 drug (or drug class) that is not recommended, the compound is not recommended. In regards to flurbiprofen, the California MTUS Guidelines state that topical NSAIDs may be recommended for the short-term treatment of osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatments. However, the guidelines specify that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulders. In regards to Lidocaine, the guidelines state that topical Lidocaine in the formulation of a dermal patch has been designated for use for neuropathic pain. No other commercial approved topical formulations of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. The clinical documentation provided indicated that the injured worker had continued to complain of pain in his bilateral shoulders and neck and was prescribed a compound cream. However, his clinical presentation was not consistent with neuropathic pain of his shoulders or neck. In addition, there was no documentation submitted showing that he had failed antidepressants and anticonvulsants. Moreover, topical NSAIDs are not recommended for the treatment of shoulder and neck pain. Therefore, as the use of topical Lidocaine and topical flurbiprofen are not supported for this patient, the request for topical compound product which contains these agents is also not supported. The request failed to provide the frequency and area of the body the compound was to be applied. As such, the request is not medically necessary.

Gabapenti/Cyclobenz/Tramadol/Penderm compound 180 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. For any compound product that contains at least 1 drug (or drug class) that is not recommended, the compound is not recommended. The California MTUS Guidelines state that gabapentin is not recommended as a topical. The California MTUS Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxants as a topical product. The clinical documentation provided indicated that the patient had continued to complain of chronic neck pain and bilateral shoulder pain and was prescribed a compound cream. Therefore, as the use of topical gabapentin

and cyclobenzaprine are not supported for this patient, the requested topical compound product which contains these agents is also not supported. The request failed to provide the frequency and area of the body the compound was to be applied. As such, the request is not medically necessary.