

Case Number:	CM13-0060602		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2009
Decision Date:	04/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Pain Medicine, and is licensed to practice in Florida. 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 patient is a 45-year-old male who reported injury on 5/22/12; the patient was using equipment which turned his left shoulder and right wrist with torque very violently and intensely. The patient's medication history included ibuprofen as of January 2013. Topical NSAIDs were requested in September 2013. The documentation dated 11/25/13 revealed that the patient had complaints of moderate left shoulder pain with overload and right wrist pain. The patient's diagnoses were left shoulder rotator cuff syndrome, left shoulder recurrent dislocation, left shoulder instability, status post left shoulder rotator cuff repair with stable labral tear, secondary to inflammation and anesthesia complications, and rotator cuff syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 IBUPROFEN 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDs are recommended for short term symptomatic relief. There should be documentation of an objective functional

improvement and objective decrease in the VAS score. California MTUS guidelines indicate that NSAIDs are recommended for short-term symptomatic relief. There should be documentation of an objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review failed to provide documentation of the above recommendations.

TGHOT 180MG: 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): 28, 82, 105 111-113. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Topical Gabapentin is not recommended, as there is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was a lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the patient had neuropathic pain to support the necessity for topical analgesics. The patient had been utilizing topical creams since September 2013. There was a lack of documentation of the efficacy of the topical cream. Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound. Given the above, the request for TGHOT is not medically necessary.

FLURIFLEX 180MG: 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): 41, 72, 111. Decision based on Non-MTUS Citation FDA.gov; and the National Library of Medicine - National Institute of Health.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. This agent is not currently FDA

approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. 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 muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. There was a lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the patient had neuropathic pain to support the necessity for topical analgesics. The patient had been utilizing topical creams since September 2013. There was a lack of documentation of the efficacy of the topical cream. Given the above, and the lack of documentation to warrant exceptional factors to warrant nonadherence to guideline recommendations, the request for Fluriflex is not medically necessary.