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| Case Number: | CM13-0065266 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/18/2013 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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, has a subspecialty in Pain Management 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:

The patient is an employer of [REDACTED] who filed a claim of shoulder pain, occasional headaches and chestpain associated with industrial injury dated June 18, 2013. Treatment to date includes MRI of shoulder dated July 30, 2013 which showed complete tear of supraspinatus and infraspinatus tendons with greater 4 cm tendinous retraction. He was also taking Omperazole 20 mg, Naproxen Sodium 550mg, Cyclobanzapine Hydrochloride 7.5mg, Terocin Patch 240 ml, Flurbi cream-LA 180 gms and Gabacyclotram 180 gms since July 23, 2013. In a utilization review dated Nov. 21, 2013 the proposed medical treatment of continuous prescription of Gabacyclotram, Flurbi and Terocin cream were denied due to no significant improvement documented in both pain scales and functional capabilities of the patient. Review of medical records showed the patient complained of constant right shoulder pain rated 8/10 with occasional headaches and chest wall pain. He also complained of some difficulty in doing his activities of daily living such as taking a bath, getting in and out of the bed, performing light house work and doing errands. Physical examination of the right shoulder showed negative impingement sign, drop arm test, apprehension, hawkin's sign. Lift-off test on both arms, (+) Yergason test on the right arm, (+) speed's test on the right, (-) on the left, DTR's on both biceps, brachioradialis and triceps were +2. ROM of shoulder showed 70/80 in right forward flexion and 180/180 on the left, extension 50/50 on both, abduction 60/180 on the right and 180/180 on the left, adduction 50/50 on the both, internal rotation 30/90 on the right and 90/90 on left, external rotation 35/90 right and 90/90 left.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBI (NAP) CREAM-LA 180 GMS (FLUBIPROFEN 20%, LIDOCAINE 5%, AMITRIPTYLINE 4%) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,111,112,& 113.

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

Decision rationale: The Expert Reviewer's decision rationale: Regarding Flubiprofen 20%, as stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The California MTUS supports a limited list of NSAID topicals, which does not include Flurbiprofen. Regarding Lidocaine 5%, CA MTUS states that no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gel) are indicated for neuropathic pain. Regarding Amitriptyline 4%, CA MTUS recommended that Amitriptyline, which is a tricyclic drug, is effective for fibromyalgia; however more information is needed regarding the role of this medication in topical formulation. In this case, there is no discussion concerning the need for variance from the guidelines. Therefore the request for Flurbi (NAPS) Cream-LA 180gms is not medically necessary.

GABACYCLOTRAM 180 GMS (GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,111,112 & 113.

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

Decision rationale: Gabacyclotram 180 gms contains 3 active ingredients: Gapaentin in 10% formulation, Cyclobenzaparine in 6% formulation and Tramadol in 10% formulation. Regarding Gabapentin 105 formulation, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 113 has no peer review literature that supports its use therefore its not recommended. Regarding Cyclobenzaorine 6% CA MTUS does not recommend muscle relaxants in topical formulations. Regarding Tramadol 10% formulation CA MTUS does not recommend topical opioid formulations. CA MTUS also stated that any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there is no discussion concerning the need for variance from the guidelines given the adverse recommendation for this topical medication. Therefore the use of Gabacyclotram 180 gms is not medically necessary.

TEROCIN 240 ML (CAPSALCIN 0.025%, METHYL SALICYLATE 25%, MENTHOL 10%, LIDOCAINE 2.5%) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,111,112 & 113.

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

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin is not medically necessary.