

Case Number:	CM13-0068080		
Date Assigned:	02/05/2014	Date of Injury:	11/05/2012
Decision Date:	05/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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:

According to the records made available for review, this is a 44-year-old female with an 11/5/12 date of injury, and status post left shoulder arthroscopy 4/17/13. At the time (12/13/13) of request for authorization for cyclobenzaprine/gabapentin cream, flurbiprofen/tramadol cream/ and topical transdermal creams, there is documentation of subjective (cervical spine pain with spasms, significant pain and weakness with activities of daily living, bilateral shoulder pain) and objective (palpable tenderness at the shoulder and arm, decreased cervical spine and left shoulder range of motion) findings; current diagnoses (rotator cuff syndrome, shoulder, and cervical intervertebral disorder with myelopathy); and treatment to date (medications (Naprosyn, Ultram, and Flexeril), physical therapy, and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCOBENZAPRINE/GABAPENTIN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of rotator cuff syndrome, shoulder, and cervical intervertebral disorder with myelopathy. However, cyclobenzaprine/gabapentin cream contains at least one drug (cyclobenzaprine and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for cyclobenzaprine/gabapentin cream is not medically necessary.

FLURBIPROFEN/TRAMADOL CREAM.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor); that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of rotator cuff syndrome, shoulder, and cervical intervertebral disorder with myelopathy. However, flurbiprofen/tramadol cream contains at least one drug (flurbiprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for flurbiprofen/tramadol cream is not medically necessary.

TOPICAL TRANSDERMAL CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. In addition, before the requested medications can be considered medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of diagnoses of rotator cuff syndrome, shoulder, and cervical intervertebral disorder with myelopathy. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Therefore, based on guidelines and a review of the evidence, the request for topical transdermal creams is not medically necessary.