

<b>Case Number:</b>	CM13-0069530		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 injured worker is a 57 year old male who reported an injury on 6/9/12; the mechanism of injury was not provided in the medical records. According to a clinical note dated 11/12/13, the injured worker complained of bilateral shoulder pain. His medication regimen included Norco and Gabapentin. Per the physical examination, the left shoulder was documented with forward flexion to 90 degrees, abduction to 80 degrees, and internal and external rotation to 45 degrees. It was also documented that the injured worker was given an injection of lidocaine and dexamethasone to the subacromial space. Ten minutes following the injection, the right shoulder was documented with flexion to 120 degrees and abduction to 100 degrees. The injured worker's diagnoses included tendinitis, bursitis, and impingement syndrome of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBRIPROFEN 10% BACLOFEN 2% CYCLOBENZAPRINE 2% LIDOCAINE 5% GABAPENTIN 6% 24 GMS REFILLS 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

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

**Decision rationale:** The injured worker complained of bilateral shoulder pain and his medication regimen included Norco and Gabapentin for pain relief. There is a lack of clinical evidence reported indicating the effectiveness of this regimen. It is noted that the injured worker received an injection to the left shoulder for pain relief. The California MTUS guidelines state 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. Finally, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states topical lidocaine may be used for neuropathic pain in the form of a dermal patch only; no other commercially approved topical formulations of lidocaine are indicated. Guidelines also state that Gabapentin and baclofen are not recommended for topical application. The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis especially of the knee, elbow, or other joints that are amenable to topical treatment; there is little evidence to utilize topical NSAIDs for the spine, hip, or shoulder. It was unclear if the injured worker had a diagnosis of osteoarthritis and/or tendonitis of the knee, elbow, or other acceptable joints. Either way, since baclofen, lidocaine, and Gabapentin are all not recommended, the entire compound cannot be recommended. As such, the request is not medically necessary.