

<b>Case Number:</b>	CM14-0001114		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Occupational Medicine, 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 a 74-year-old male who has submitted a claim for right shoulder rotator cuff tear and cervical stenosis associated with an industrial injury date of April 8, 2013. Medical records from 2013 were reviewed. The patient has neck pain grade 8-9/10 that radiates to both upper extremities with numbness and tingling, worse on the right. The pain was aggravated by head tilting as well as prolonged sitting and standing. He also has pain at the right shoulder grade 6-10/10 with popping, clicking and grinding motion. The pain was aggravated by above-shoulder reaching and lifting. Physical examination of the cervical area showed motor strength 4/5 on the right deltoid, painful with abduction past 80 degrees. Right shoulder examination showed limited range of motion on forward flexion, abduction, and internal and external rotation. Neer's impingement sign, empty can test, Hawkins test, and apprehension test were all positive. MRI of the cervical spine and right shoulder, dated July 16, 2013, showed C3 to C6 multilevel mild foraminal stenosis and rotator cuff tear with inflammation, respectively. Treatment to date has included medications and activity modification. Utilization review, dated December 19, 2013, denied the request for Flurbiprofen cream, Gabapentin cream and Cyclobenzaprine cream for the neck and right shoulder since all of the ingredients are oral medications with no FDA approval for topical use or proven benefit in that regard.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN CREAM FOR THE NECK AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL CREAMS, , 112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Section Page(s): 111.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines on page 111, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. CA MTUS supports a limited list of NSAID topicals which does not include Flurbiprofen. In this case, there was no evidence in the medical records that patient has intolerance to oral medications. There is no discussion in the documentation concerning the need for use of Flurbiprofen cream. Furthermore, the present request failed to specify the quantity to be dispensed and the extent of duration of use. Therefore, the request for Flurbiprofen cream for the neck and right shoulder is not medically necessary.

**GABAPENTIN CREAM FOR THE NECK AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL CREAMS, , 112

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines on pages 111-113, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. It states that there is little to no research to support the use of NSAIDs, local anesthetics, anticonvulsants, and opioids in topical compound formulations. Topical Gabapentin is not recommended and has no peer-reviewed literature to support its use. In this case, there is no discussion in the documentation concerning the need for use of Gabapentin cream. Furthermore, the present request failed to specify the quantity to be dispensed. There is also no discussion concerning the extent of duration of use. Therefore, the request for Gabapentin cream for the neck and right shoulder is not medically necessary.

**CYCLOBENZAPRINE CREAM FOR THE NECK AND RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TOPICAL CREAMS, , 112

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines on pages 111 - 113, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. It states that there is little to no research to support the use of NSAIDs, local anesthetics, anticonvulsants, and opioids in

topical compound formulations. Topical Cyclobenzaprine is a muscle relaxant and has no evidence for use as a topical product. In this case, there is no discussion in the documentation concerning the need for use of Cyclobenzaprine cream. Furthermore, the present request failed to specify the quantity to be dispensed. There is also no discussion concerning the extent of duration of use. Therefore, the request for Cyclobenzaprine cream for the neck and right shoulder is not medically necessary.