

Case Number:	CM14-0003305		
Date Assigned:	01/31/2014	Date of Injury:	03/15/2001
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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 an employee of [REDACTED] who has submitted a claim of pain in the neck, bilateral shoulder, bilateral hand and low back associated from an industrial injury date of March 15, 2001. The treatment to date has included right subacromial decompression (January 24, 2003), physical therapy, cervical pillow, and medications which include intramuscular injection (Toradol and vitamin B12 complex), Ultracet, Anaprox, Flexeril, Norco, and Flurbiprofen/Diclofenac 25/10% cream. The medical records from 2012-2013 were reviewed, the latest of which dated October 17, 2013 revealed that the patient presented with complaints of ongoing pain to the neck, low back and bilateral upper extremities, mainly on her right wrist and hand with difficulty with activities and function. She has tendinitis of the wrist, which flares up with numbness and pain, with prolonged activity and driving. She rates her neck pain as 8/10, shoulder pain as 8/10, low back pain as 8/10 and leg pain as 6-7/10. The patient is currently taking naproxen, Norco and omeprazole. She reports that she uses the transdermal creams more often, which help with symptomatology. She is not attending therapy this time and is not working. On physical examination, there was noted tenderness and spasm with tightness in the paracervical musculature with reduced range of motion and trace positive right Spurling's test and compression test. On examination of the bilateral shoulders, there is noted acromioclavicular joint tenderness with mild crepitation on the right greater than the left. Impingement, Hawkins and Neer's signs are mildly positive. There is decreased grip strength in the upper extremities and decrease median nerve sensation mildly. Tinel's sign is mildly positive. There is tenderness to the right hand snuffbox, with a mildly positive Finkelstein's maneuver with painful grip. On examination of the lumbar spine, there is noted midline tenderness and spasms of the per lumbar musculature, with reduced range of motion and pain at end range. The straight leg raising test is positive. There is pain and weakness with heel/toe walk. The utilization review from December

10, 2013 denied the request for Norco 10/325mg #60 because documentation does not identify measurable analgesic benefit and there is no documentation of functional benefit with the use of opioids, denied the request Flurflex (flurbiprofen/cyclobenzaprine 15/10%) cream #180gm because documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents and the formulation contains cyclobenzaprine that has no proven efficacy in topical application, and denied the request TGICC (tramadol/gabapentin/menthol/camphor 8/10/2%) cream #180gm because documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents and the formulation contains tramadol and gabapentin that has no proven efficacy in topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78

Decision rationale: The Chronic Pain Guidelines indicate that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the earliest documented use of Norco was in the progress report dated October 17, 2013. However, the recent clinical evaluation reveals no analgesia and functional improvement; the patient is still not working. Also, there is no discussion regarding the side effects or possible abnormal behavior with opioid use. The medical necessity to continue Norco was not established, therefore, the request for is not medically necessary.

FLURIFLEX (FLURBIPROFEN/CYCLOBENZAPRINE 15%/10%) CREAM #180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC SECTION, 111

Decision rationale: The Chronic Pain Guidelines indicate that the use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. In this case patient is on oral pain medications since the injury (March 15, 2001) and no report in the medical records that the patient cannot tolerate the said medications. The guidelines state that there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs), such as flubiprofen for the treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state that there is no evidence to support the use of topical cyclobenzaprine. The use of flubiprofen or cyclobenzaprine in a topical formulation is not recommended. Therefore the request is not medically necessary.

TGICC (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2%) CREAM #180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC SECTION, 111

Decision rationale: The Chronic Pain Guidelines indicate that the use of tropical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. In this case patient is on oral pain medications since the injury (March 15, 2001) and no report in the medical records that patient cannot tolerate the said medications. The guidelines state that tramadol and gabapentin are not recommended for topical application. Regarding the menthol component, the guidelines do not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Therefore, the request is not medically necessary.