

Case Number:	CM14-0103459		
Date Assigned:	09/16/2014	Date of Injury:	09/06/2012
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

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 Hawaii and 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:

This patient is a 31-year-old employee with date of injury of September 6, 2012. A review of the medical records indicate that the patient is undergoing treatment for shoulder sprain/strain, thoracic strain/sprain, rotator cuff (capsule) sprain, impingement /other problems of shoulder. Subjective complaints include sore shoulder rated 3-5/10 (January 29 and December 11, 2013), 3-6/10 (December 16, 2013 and January 6, 2014), 5-8/10 (April 17, 2014). Patient described feeling "pins/needles" in fingers. Physical exam of left shoulder on December 26, 2013 and January 14, 2014 revealed mild tenderness in upper trapezial muscles, anterior/subacromial; no crepitus; limited ROM left shoulder. Exam of cervical and lumbar spine show no significant abnormality (March 5, 2014). Treatment has included arthroscopic subacromial decompression, subacromial bursectomy and debridement of the cortical acromial ligamen with manipulation (October 11, 2013), physical therapy (patient had attended 21 of 24 sessions as of December 26, 2013). Progress from physical therapy was not significant (January 9, 2014) and adhesive capsulitis developed (January 30, 2014). Medications have included Mobic 7.5mg tablet, Neurontin 100mg capsule, Nabumetone 750mg #304, Tramadol 50mg #605, Ultram 50mg tablet (December 26, 2013). Lozepram .5 mg listed on January 9, 2014. Cortisone injection was administered on January 30, 2014. On 4/17/2014, patient was prescribed Baclofen 2% / Buphvacaine 1% / Cyclobenzaprine 2% / Gabapentin 6% / Orphenadrine 5 % / Pento 3% cream 2-4/day #180; Relafen 750mg 1/day #60; Ultram 50mg 1-2/day #120. On May 22, 2014, physician reported that pain had worsened. The utilization review dated June 13, 2014 non-certified the request for Baclofen 2% / Buphvacaine 1% / Cyclobenzaprine 2% / Gabapentin 6% / Orphenadrine 5 % / Pento 35 with 2 refills due to lack of documented failure of antidepressants or anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2% / Buphvacaine 1% / Cyclobenzaprine 2% / Gabapentin 6% / Orphenadrine 5% / Pento 35 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants. Medical records do indicate treatment with gabapentin, but the treating physician does not comment on the success or failure of this medication. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to the Chronic Pain Medical Treatment Guidelines, there is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, According to the Chronic Pain Medical Treatment Guidelines, topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." For this request compound medication, there are two non-recommended components, topical cyclobenzaprine and gabapentin, which non-recommends the whole compound medication. As such, the request for Baclofen 2% / Buphvacaine 1% / Cyclobenzaprine 2% / Gabapentin 6% / Orphenadrine 5% / Pento 35 with 2 refills is not medically necessary or appropriate.