MAXIMUS Federal Services

Case Number:	CM14-0011139		
Date Assigned:	02/28/2014	Date of Injury:	05/04/2013
Decision Date:	07/28/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

Patient is a 53-year-old female who has submitted a claim for impingement syndrome of the right shoulder and partial tear of rotator cuff, anterior labral tear, SLAP tear versus labral recess variant, biceps tendonitis of right shoulder, overuse syndrome status post right shoulder arthroscopy, right wrist tenosynovitis, cervical myofascial strain, and cervical disc protrusion associated with an industrial injury date of 05/04/2013. Medical records from 2013 were reviewed. The patient complained of pain, stiffness, and needle sensation at her neck. She likewise complained of right shoulder pain and swelling. She reported numbness of the right wrist. Physical examination showed restricted motion of the cervical spine, right shoulder, and right wrist. Tenderness was noted at the right shoulder and right paracervical muscles.Treatment to date has included right shoulder arthroscopy on 11/07/2013, physical therapy, and medications such as Norco, Zanaflex, and topical drugs. Utilization review from 12/27/2013 denied the requests for cmpd-gabapenti/methylcel/pyridoxin day supply: 30 qty: 120 refill(s): 3, and cmpd-flurbipro/cyclobenz/menthol c/pentravan day supply: 30 qty:180 refill(s):3 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-GABAPENTI/METHYLCEL/PYRIDOXIN DAY SUPPLY: 30 QTY: 120 REFILL(S): 3: 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 rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Gabapentin is not recommended as a topical formulation. The California MTUS does not address methylcel and pyridoxine. In this case, the injured worker has been prescribed a topical product since July 2013. However, no functional benefits are reported from its use. There are certain components of this cream that are not recommended for topical use. Guidelines indicate that any compounded product that contains a drug class that is not recommended is not recommended. Moreover, there was no discussion concerning need to provide multiple topical medications. No intolerance to oral medication was reported which may necessitate topical drugs. Therefore, the request for Cmpd-Gabapenti/ Methylcel/Pyridoxin - Day Supply: 30, QTY: 120, Refill(s): 3 is not medically necessary.

CMPD-FLURBIPRO/CYCLOBENZ/MENTHOL C/PENTRAVAN DAY SUPPLY: 30 QTY:180 REFILL(S):3: 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 Section, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Regarding Menthol component, the California MTUS does not cite specific provisions, but the ODG Pain Chapter indicates that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, may in rare instances cause serious burn. The California MTUS does not address Pentravan. In this case, the injured worker has been prescribed a topical product since July 2013. However, no functional benefits are reported from its use. There are certain components of this cream that are not recommended for topical use. Guidelines indicate that any compounded product that contains a drug class that is not recommended is not recommended. Moreover, there was no discussion concerning need to provide multiple topical medications. No intolerance to oral medication was reported which may necessitate topical drugs. Therefore, the request for Cmpd-Flurbipro/

Cyclobenz/Menthol C/Pentravan - Day Supply: 30, QTY: 180, Refill(s): 3 is not medically necessary.