

Case Number:	CM14-0118005		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2003
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 07/10/2003. The mechanism of injury is unknown. The injured worker's diagnoses included hypertension, chest pain, irritable bowel syndrome, acute gastritis, cervical spine musculoligamentous sprain, subacromial impingement syndrome of the right shoulder, carpal tunnel syndrome, and medial and lateral epicondylitis of the right elbow. Past treatments include medications. Pertinent diagnostics were not provided. Pertinent surgical history was not provided. On 05/29/2014, the injured worker was seen for pain on the cervical spine, right shoulder, and both wrists. She had pain with excessive use of the right upper extremity and left upper extremity. She had pain in the neck with repetitive movements and prolonged positions. There was numbness and tingling in both hands. She had radiating pain in both upper extremities. Upon examination of the cervical spine, flexion was 30 degrees, extension was 20 degrees. There was tenderness over the paravertebral musculature and trapezial musculature with spasm present. Medications included hydrocodone 10 mg, Soma 350 mg, and Xanax. The treatment plan was to continue with medications, MRI of the right proximal forearm, bilateral wrist braces as needed, and urine toxicology test to be performed at intervals of 60 to 90 days. The request is for retro cyclobenzaprine/tram/ultraderm 10% 10% 12 gm (DOS: 06/05/2013) and retro Flurbiprofen/Lido/Ultraderm Base, 25% 5% 30GM (DOS: 06/05/13). The rationale was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Cyclobenzaprine/Tram/Ultraderm 10% 10% 12GM (DOS: 06/05/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Topical analgesics, compounded products.

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

Decision rationale: The injured worker has a history of shoulder pain. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ultraderm base is Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no medical justification provided within the documentation as to the rationale for the use of these medications. There was no documented failure of first line agents used in the management of neuropathic pain. There was no rationale for the use of said topical agents. As such, the request is not medically necessary.

RETRO: Flurbiprofen/Lido/Ultraderm Base, 25% 5% 30GM (DOS: 06/05/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Topical analgesics, compounded products, topical applications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Lidocaine Page(s): 72; 112.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. Ultraderm base is Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other

treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There are no evidence based guidelines to support the use of creams at the injured site. There is no medical necessity provided within the documentation as to the rationale for the use of these medications. There is no documented failure of first line agents used in the management of neuropathic pain. There was no rationale for the use of multiple topical agents. Based on the information, the compound is not medically necessary. As such, the request is not medically necessary.