

Case Number:	CM14-0158110		
Date Assigned:	10/01/2014	Date of Injury:	11/11/2010
Decision Date:	12/16/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family 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:

This is a 50-years old female patient who sustained an injury on 11/11/2010. She sustained the injury due to repetitive work. The current diagnoses include right shoulder impingement and rotator cuff tear. Per the doctor's note dated 7/25/14, patient had complaints of some recurrent numbness and tingling in her hands. The physical examination revealed a definite positive distraction and shuck test of the right thumb carpometacarpal joint, a positive grind test of the right thumb carpometacarpal joint with easily palpable crepitus. The medications list includes Lidoderm, Cymbalta, Dexilant and Norco. She has had right shoulder MRI dated 4/24/14 which revealed Degenerative changes of the right acromioclavicular joint with adjacent mass effect likely contributing to impingement, full thickness appearing tear of the distal right supraspinatus tendon with also tendinosis of the remainder of the supraspinatus tendon and a partial thickness tear of the distal right infraspinatus tendon, tendinosis of the right subscapularis tendon and probable small tear of the glenoid labrum and possible calcific tendonitis; Electrodiagnostic studies dated 6/2/14 which revealed possibility of right plexus injury with a strong consideration of right upper cervical radiculopathy; left shoulder MRI dated 4/24/14 which revealed some degenerative changes in the acromioclavicular joint and a suggestion of a possible partial tear of the left supraspinatus tendon and some changes consistent with tendinosis. She has undergone hysterectomy in 2007, cholecystectomy in 2012, removal of kidney stone in 2012, appendectomy in 2012, bilateral hand surgeries in 12/11, 12/12 and 1/2014. She has had physical therapy visits for this injury. She has had urine drug screen report on 4/15/14 with negative results; test on 6/5/14 which was inconsistent for hydrocodone, Hydromorphone and morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MGMT: CAPSAICIN 0.015%/FLURBIPROFEN 20%/TRAMADOL 15%/MENTHOL 2%/CAMPHOR 2% 210 GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and tramadol are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Medication Mgmt: Capsaicin 0.015% /Flurbiprofen 20%/Tramadol 15%/Menthol 2%/Camphor 2% 210 Gms is not medically necessary for this patient.

MEDICATION MGMT: CYCLOBENZAPRINE 2%/GABAPENTIN 10%/FLURBIPROFEN 15% 210GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: Flurbiprofen is an NSAID, gabapentin is an antiepileptic and cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants

and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, gabapentin and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Medication Mgmt: Cyclobenzaprine 2%/Gabapentin 10%/Flurbiprofen 15% 210gms is not medically necessary for this patient.