

Case Number:	CM14-0164171		
Date Assigned:	10/08/2014	Date of Injury:	04/15/2012
Decision Date:	11/18/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 injured worker is a 46-year-old female who reported an injury on 04/15/2012. The injured worker sustained an injury while she was repositioning a patient with a nurse. She was holding the patient's head with her left hand and pulling on the sheet with her right hand when she developed pain in the right anterior shoulder/chest and neck. The injured worker's treatment history included x-rays, physical therapy, MRI studies of the right shoulder, surgery, postop physical therapy, and oral medications and topical analgesics. The injured worker was evaluated on 06/25/2014, and it was documented the injured worker complained of pain around her neck. However, it more detailed the area that she was describing where she had pain was in the triangular phase, a space above the clavicle and anterior to the trapezius and supraspinatus and soft tissues generally known to be the anatomic landmark for the apex of the lung, but she also was complaining of pain along the right sternocleidomastoid and pain into and around the "periauricular" region of the right ear. She stated that she had pain with increased usage of the right shoulder. Physical examination of the right shoulder revealed she had exclusive tenderness over the AC joint and when deeply palpated created what she stated was a strange feeling, a neurological feeling in her right upper extremity, particularly in her right hand. Neurologic examination revealed motor strength was 4-5/5 in the right upper extremity compared to that of the left with grip strength measurements. It was noted she does not have any frank neural deep deficits to the right upper extremity, but she does complain of numbness, tingling, and weakness in the right hand and arm and this was where the provider noted he had requested an EMG/NCV, as it was associated with the shoulder and neck pain. Diagnoses included right shoulder internal derangement, status postsurgical intervention with residual moderate to severe/extreme painful symptomatology. The provider noted this may represent a failed right shoulder surgery. She has had cervicogenic headaches, which had improved, as she had occasional lumbar spine pain

with sprain/strain without neurogenic problems. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin-Tramadol HCL-PCCA Lipoderm Base KA-Cyclobenzaprine HCL 100% 180 gm, dispensed on 8/26/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Gabapentin, Tramadol Page(s): 41, 111, 113, 82.

Decision rationale: CA MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... 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.... Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of cyclobenzaprine to other agents is not recommended... A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. Additionally, per CA MTUS, the approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The request submitted for review failed to include body location where the topical cream was supposed to be applied to the injured worker. The request failed to include frequency and duration of the medication. As such, the request for Retrospective Gabapentin-Tramadol HCL-PCCA Lipoderm base KA-Cyclobenzaprine HCL 100%, 180 gm, dispensed on 8/26/14, is not medically necessary.

Retrospective request for Terocin 4% 30 gm, #1 dispensed on 8/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... 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...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The California MTUS 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. California MTUS guidelines recommend treatment with topical salicylates. The request submitted failed to include body location where the Terocin topical cream is supposed to be applied for the injured worker. Additionally, the request failed to include the frequency and duration of the medication. As such, Retrospective request for Terocin 4%, 30 gm, #1, dispensed on 8/26/14 is not medically necessary.