

Case Number:	CM14-0166113		
Date Assigned:	10/13/2014	Date of Injury:	10/23/2009
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 40-year-old female with complaints of bilateral shoulder and wrist pain. The date of injury is 10/23/09. The mechanism of injury was constant typing. At the time of request for Flurbiprofen 10% Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% cream; Lidocaine 6% Gabapentin 10% Ketoprofen 10% cream; and Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% cream, there is subjective (mild to moderate pain in the bilateral wrists, more on the right side 9/10, pain in bilateral shoulder 7/10, low back 8/10 and neck 7/10 with pins and needles) and objective (positive Tinel's and Phalen's in bilateral wrists, diffuse forearm tenderness, mild decrease in pin appreciation in the median distribution, wrist motor power inhibited by forearm pain, resisted extension of the long digit, and the wrist) findings, imaging/other findings (negative UDS dated 9/11/14. UE joint MRI dated 7/9/13 showed low-grade bursal-sided partial-thickness tearing of the supraspinatus tendon adjacent to the footprint, on a background of moderate tendinosis and labral fraying superiorly. Right wrist MR arthrography in 2011 showed severe tear at the level of the radioulnar junction.), current medications (naproxen, tramadol, and analgesic creams), diagnoses (C5-6 disc herniation with intermittent radiculopathy, mild bilateral shoulder impingement syndrome, L4-5 disc protrusion with intermittent radiculopathy, and moderate bilateral carpal tunnel syndrome), and treatment to date (chiropractic therapy, naproxen, tramadol and creams with benefit. TGHOT and FluriFlex cream previously denied.). The request for Flurbiprofen 10% Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% cream 120 grams apply 1-2 grams to affected area 3-4 times daily, Lidocaine 6% Gabapentin 10% Ketoprofen 10% cream 120 grams to apply 1-2 grams to affected area 3-4 times daily, and Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% cream 120 grams to apply 1-2 grams to affected area 3-4 times daily was denied on 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/ Baclofen 2%/ Cyclobenzaprine 2%/ Diclofenac 3% cream 120 grams apply 1-2 grams to affected area 3-4 times daily: 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.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines cyclobenzaprine is not recommended for topical application. There is no peer-reviewed literature to support their use. Furthermore, according to the CA MTUS/ODG, the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events). In this case compound topical medications are not supported by MTUS; therefore, the request is not medically necessary according to the guidelines.

Lidocaine 6%/ Gabapentin 10%/Ketoprofen 10% creamk 120 grams to apply 1-2 grams to affected area 3-4 times daily: 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.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Per the CA MTUS guidelines, Gabapentin and Ketoprofen are not recommended for topical use. There is no peer-reviewed literature to support use. Compound topical medications are generally not supported by MTUS; therefore, the request is not medically necessary according to the guidelines.

Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 5% cream 120 grams to apply 1-2 grams to affected area 3-4 times daily: 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.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines cyclobenzaprine is not recommended for topical application. There is no peer-reviewed literature to support their use. Furthermore, according to the CA MTUS/ODG, the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events). Compound topical medications are generally not supported by MTUS, therefore, the request is not medically necessary according to the guidelines.