

<b>Case Number:</b>	CM14-0175689		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/24/11 when, while working as a tow truck driver he was hitching a vehicle and while climbing off the truck he began to fall. He grabbed the truck rail and felt a crunching sensation in his left shoulder with sharp pain. He then fell approximately 4 feet. He was diagnosed with a shoulder strain. Treatments included medications and physical therapy. A magnetic resonance imaging (MRI) of the shoulder in September 2011 showed findings of a rotator cuff tear. He underwent a rotator cuff repair with subacromial decompression in November 2011. His postoperative course was complicated by a right elbow injury and post-operative infection treated with antibiotic. EMG/NCS testing in January 2013 is referenced as showing severe right ulnar neuropathy, severe right carpal tunnel syndrome, and a chronic right C6-7 radiculopathy. In August 2013 he underwent right elbow surgery. He was seen by the requesting provider on 09/03/14. He was having bilateral shoulder pain with popping, clicking, and grinding radiating into the elbows and hands. He had upper extremity numbness and tingling. Medications were Klonopin, allopurinol, and Percodan. Pain was rated at 5-10/10. Physical examination findings included decreased shoulder range of motion. There was a positive right Tinel sign at the elbow. There was right hand atrophy with claw deformity of the fingers. He had decreased right upper extremity strength with positive left Hoffman test. Authorization for lab testing was requested with the rationale given as to rule out any toxicity or deficiencies that may be contributing to the claimant's chronic pain. Neurontin and Cymbalta were prescribed. Percodan was discontinued and Percocet was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs; CRP (C reactive protein); LFT (liver function test); ESR (erythrocyte sedimentation rate) and BMP (basic metabolic panel): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.labtestingonline.org/understanding/analytes/crp/test.html>;

<http://www.cigna.com/healthinfo/tr6148.html>;

<http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm>;

<http://www.labtestingonline.org/understanding/analytes/bnp/glance.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for shoulder and elbow pain. Treatments have included shoulder surgery in November 2011 complicated by a wound infection and elbow surgery in September 2013. In this case, the claimant has no clinical evidence of residual infection either clinically or by lab testing and has undergone further orthopedic surgery without complication due to infection. He has no clinical findings that would suggest any adverse effect from the medications being prescribed or those that were prescribed when seen by the requesting provider. There are no quality studies available evaluating the utility of non-specific inflammatory markers for the diagnosis of patients with chronic pain. Therefore the requested lab testing was not medically necessary.

**Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%, 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain 2) Topical Analgesic Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for shoulder and elbow pain. Treatments have included shoulder surgery in November 2011 complicated by a wound infection and elbow surgery in September 2013. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

**Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Gabapentin 10%, Cyclobenzaprine 4%, 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1) Medications for chronic pain(2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for shoulder and elbow pain. Treatments have included shoulder surgery in November 2011 complicated by a wound infection and elbow surgery in September 2013. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this topical medication was not medically necessary.