

Case Number:	CM14-0020029		
Date Assigned:	05/09/2014	Date of Injury:	04/04/2006
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Internal Medicine has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 48 year-old with a date of injury of 04/04/06. A progress report associated with the request for services, dated 01/17/14, identified subjective complaints of left shoulder pain. Objective findings included pain and decreased range-of-motion of the left shoulder. Diagnoses included rotator cuff repair. Treatment has included rotator cuff repair and physical therapy. A Utilization Review determination was rendered on 02/04/14 recommending non-certification of "flurbiprofen 10%, cyclobenzaprine, gabapentin 6%, lidocaine 2%, and prilocaine 2% in lipoderm active max".

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 10%, CYCLOBENZAPRINE, GABAPENTIN 6%, LIDOCAINE 2%, PRILOCAINE 2% IN LIPODERM ACTIVE MAX: 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 ANALGESICS Page(s): 111-113.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances.

However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Flurbiprofen 10% is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is diclofenac. Cyclobenzaprine is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically state that there is no evidence for baclofen or any other muscle relaxant as a topical product. Therefore, there is no necessity for the addition of cyclobenzaprine in the topical formulation for this patient. Gabapentin is an anti-epilepsy drug. The MTUS Guidelines state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the request is not medically necessary.