

<b>Case Number:</b>	CM14-0035789		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/30/2005
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Texas and New York. 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 74-year-old female with a reported date of injury on 10/30/2005. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with burning, radicular neck pain rated at 6/10, left shoulder pain rated at 4-5/10, and right shoulder pain rated at 6-7/10. The injured worker presented with decreased cervical spine range of motion. Upon physical examination, the injured worker's bilateral shoulder exam revealed diminished sensation in the upper extremities with decreased motor strength. The injured worker's cervical spine range of motion revealed flexion to 30 degrees, extension to 40 degrees, left rotation to 20 degrees, right rotation to 35 degrees, left lateral flexion to 10 degrees, and right lateral flexion to 25 degrees. The physical examination of the bilateral shoulders revealed orthopedic tests to be positive for empty can, Neer's impingement sign, and supraspinatus test. The injured worker's lumbar spine range of motion revealed flexion to 25 degrees, extension to 15 degrees, left lateral flexion to 20 degrees, and right lateral flexion to 15 degrees. The injured worker's previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included cervical spine radiculopathy, status post left shoulder rotator cuff repair surgery, lumbar spine herniated nucleus pulposus, anxiety disorder, mood disorder, and sleep disorder. The injured worker's medication regimen included Deprezine, Dicopanol, Fanatrex, Synapryn, and topical analgesics. The request for authorization for Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor, and Cyclobenzaprine/Flurbiprofen was not submitted. The rationale for the request included to manage and reduce pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin/Flubiprofen/Tramadol/Menthol/Camphor:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are recommended as an option as indicated. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are 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. There is little to no research to support the use of many of these agents. The use of these agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines state that non-steroidal anti-inflammatory modality have been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown to be superior to placebo in the first 2 weeks of treatment for osteoarthritis, with a diminishing effect over another 2 week period. In addition, Capsaicin has been recommended as an option for injured workers who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. Tramadol is a centrally active synthetic opioid analgesic and it is not recommended as a first line oral analgesic. In addition, guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The clinical information provided for review lacks documentation related to neuropathic pain. In addition, there is a lack of documentation related to trials of antidepressants or anticonvulsants. NSAIDs according to the guidelines are superior during the first 2 weeks of treatment with a diminishing effect over another 2 week period. In addition, the request as submitted fails to provide the formulation of Capsaicin being requested. In addition, the request as submitted failed to provide frequency, directions, and specific site at which the topical analgesic is to be utilized. Therefore, the request for Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor is not medically necessary.

**Cyclobenzaprine/Flubiprofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111 Page(s): 111.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are recommended as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are 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. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. NSAIDs have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be superior during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2 week period. In addition, the guidelines state that there is no evidence for use of any muscle relaxant as a topical product. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended as a topical analgesic. Flurbiprofen is an NSAID recommended at the first 2 weeks of injury with a diminishing effect after 2 weeks. In addition, the request as submitted failed to provide frequency, duration, and specific site at which the Cyclobenzaprine/Flurbiprofen was to be utilized. Therefore, the request for Cyclobenzaprine/Flurbiprofen is not medically necessary.