

Case Number:	CM14-0038241		
Date Assigned:	06/25/2014	Date of Injury:	08/29/2013
Decision Date:	07/28/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 47-year-old male patient who sustained an industrial injury on 08/29/2013. Diagnosis is impingement syndrome, left. Mechanism of injury was not provided. Records indicate that a request for Flurbiprofen/Capsaicin/Menthol/Camphor 120 MG and Ketoprofen/Cyclobenzaprine/Lidocaine 120 GM was not certified at utilization review on 02/20/14, lacking documentation of failure of trials of first-line agent such as antidepressants and anticonvulsants, as well as containing ingredients would have not been proven beneficial in topical application. Previous treatment has included chiropractic care, medications and activity modification. Progress report dated 02/10/2014 indicates the patient presenting with complaints of bilateral shoulder pain rated 7/10 and neck pain rated at 7/10. Objective findings revealed tenderness to the shoulder with restricted range of motion, positive Apley's scratch test bilaterally. A cervical spine MRI was referenced as showing 3 mm posterior disc herniation at C5-C6 and 2.5 mm posterior disc herniation at C6-C7. Urine drug screen was performed. Plan with his chiropractic treatment 3 times per week for 4 weeks, pain management referral, topical compounded creams, and return to clinic in 4 weeks. MRI of the right shoulder dated 01/14/14 revealed mild impingement syndrome and tendinosis of the rotator cuff without tear. MRI of the left shoulder dated 01/14/14 revealed mild impingement syndrome, tendinosis of the rotator cuff without tear, and fluid in the glenohumeral joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Menthol/Camphor 120gm: 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 CA MTUS on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. MTUS states "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Failure of all other agents is not documented. Additionally, the specific dosing instructions and frequency are not identified in the request. The medical necessity of Flurbiprofen/Capsaicin/Menthol/Camphor 120 MG has not been established and is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 120gm: 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 CA MTUS on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. This medication also contains cyclobenzaprine, and per guidelines "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." This medication contains lidocaine, and guidelines note "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the specific dosing instructions and frequency are not identified in the request. The medical necessity of Ketoprofen/Cyclobenzaprine/Lidocaine 120 GM is not established and this request is not medically necessary.

