

<b>Case Number:</b>	CM14-0043639		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 California and Washington. 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 26-year-old who reported an injury on October 13, 2012. The injured worker underwent surgical intervention for his left shoulder and 36 visits of postoperative therapy. Documentation indicated the injured worker was utilizing the specific topical medications as of late 2013. The documentation of February 24, 2012 revealed the injured worker had complaints of left shoulder pain. The injured worker had a lumbar spine discectomy in May of 2013. The injured worker had decreased grip strength on the right hand. The range of motion of the lumbar spine was within normal limits. His shoulder range of motion was within normal limits. The diagnosis was left shoulder failed arthroscopy and decompression surgery on May 23, 2013 and cervical disc syndrome. The treatment plan included a Functional Capacity Evaluation and refills of the topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the left shoulder, three times weekly for eight weeks, provided beginning February 18, 2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The Postsurgical Treatment Guidelines indicate that postsurgical treatment for an arthroscopic shoulder surgery is 24 visits. The clinical documentation submitted for review indicated the injured worker had undergone a total of 36 sessions. There was a lack of documentation for the requested date of service. There was no DWC Form RFA or PR-2 submitted for the physical therapy. There was no documentation with the requested date of service February 18, 2014. There was a lack of documentation of objective functional deficits that remained as of that date to support ongoing, supervised therapy. Given the above, the request for physical therapy to the left shoulder, three times weekly for eight weeks, provided beginning February 18, 2014, is not medically necessary or appropriate.

**Flurb/Cyclo topical cream, provided February 18, 2014:** 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 Flurbiprofen, page 72, Topical analgesics page 111, Cyclobenzaprine page 41 Page(s): 72, 111, 41.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. There was lack of documentation of objective functional benefit that was received from the medication. The documentation indicated the injured worker had utilized the medication since at least November of 2013. There was a lack of documentation for the date of requested service February 18, 2014. The request as submitted failed to indicate the frequency, quantity, and strength of the components of the topical cream. Given the above, the request for Flurb/Cyclo topical cream, provided February 18, 2014, is not medically necessary or appropriate.

**Tram/Gaba/Menth/Camp/Cap topical cream provided February 18, 2014:** 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 Tramadol, page 82, Gabapentin, page 113, Topical Capsaicin, page 28, Topical Analgesics, page 111, Topical Salicylates, page 105 Page(s): 82, 113, 28, 111, 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use...Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least November of 2013. There was lack of documentation of objective functional benefit that was received from the use of the medication. There was no documentation submitted for the requested date of service February 18, 2013. The request as submitted failed to indicate the frequency, quantity, and strength of the components for the medication. Given the above, the request for Tram/Gaba/Menth/Camp/Cap topical cream provided February 18, 2014 is not medically necessary or appropriate.