

Case Number:	CM14-0046728		
Date Assigned:	07/02/2014	Date of Injury:	01/07/2012
Decision Date:	08/20/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Georgia. 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 patient is a 44 year old female who was injured on 01/06/2014 and sustained an injury as a result of continuous trauma to the neck, right shoulder, and right scapula while working as a senior accounting manager. Prior medication history included Zoloft; Prior treatment history has included epidural steroid injection. Per progress report dated 03/14/2014, the patient complained of neck and upper back pain that was constant. She reported the pain radiated into the right upper extremity. She also had right shoulder pain and was unable to raise her arm/shoulder. Objective findings on exam revealed tenderness over the right upper trapezius, and right rhomboid muscle. The patient experienced limited flexion and extension. The right shoulder revealed tenderness to palpation over the right acromioclavicular joint. The patient experienced limited flexion. She was diagnosed with cervical spine musculoligamentous tenderness, cervical spine 2.0 mm right posterolateral disc bulging at C6. Right shoulder sprain/strain; right shoulder subacromial bursitis; right shoulder type II curvature of the acromion process with mild lateral down sloping, representing mild to moderate anatomical predisposition towards impingement syndrome; and right shoulder mild tendinosis of the supraspinatus tendon; mild acromioclavicular joint osteoarthritis; lumbar spine strain/sprain. Physical therapy was recommended twice a week for 4 weeks and Terocin 240 ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5 %). Ortho QME dated 03/21/2014 indicated the patient complained of right shoulder pain and right lateral subacromial pain and catching with overhead use of the right arm. She stated the pain radiated into her biceps, but was not experiencing numbness and tingling. She reported throbbing, uncomfortable pain in the scapula. Ice, medication, and a home exercise program alleviate the pain. She rated her pain level as an 8/10. On exam, shoulder range of motion revealed flexion to 160 on the right and 175 on the left; abduction to 170 on the right and 175 on the left; external rotation to 65 on the right and 85

on the left; Internal rotation to 40 on the right and 80 on the left; extension to 35 on the right and 45 on the left; adduction to 20 on the right and 35 on the left. Impingement sign was positive in the right shoulder. Supraspinatus sign was positive on the right as well as apprehension test. There was crepitus in the right shoulder. Prior utilization review dated 04/04/2014 stated the request for Decision for Terocin 240 ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%,) Fluribi(NAP) cream-LA 180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%,) was not certified as this medication was deemed not medically necessary. Specific reasons cited included lack of documentation of failure of oral agents, and inclusion of medications in the topical formulations which are not recommended for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 240 ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%,): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Treatment Guidelines notes that topical analgesics 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. While many other agents are compounded in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use many of these agents. The MTUS guidelines also recommend that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the web search noted above, two components of Terocin are Menthol and Lidocaine. MTUS has no specific recommendations regarding topical Menthol. Topical Lidocaine is recommended only as a treatment for localized peripheral pain due to neuropathic causes. Lidocaine patches are the only commercially approved formulation of Lidocaine for treatment of neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritis. Furthermore, Lidocaine is not recommended for non-neuropathic pain. Based on the MTUS Chronic Pain Treatment guidelines criteria as well as the clinical documentation stated above, the request is not medically necessary.

Flurbi(NAP) cream-LA 180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%,): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.bbpharmacy.com/paincompounding.html>.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) notes that topical analgesics 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. While many other agents are compounded in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use many of these agents. The MTUS guidelines also recommend that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluribi (NAP) cream-LA 180 grams contains Flurbiprofen, lidocaine, and amitriptyline. Topical lidocaine is recommended only as a treatment for localized peripheral pain due to neuropathic causes. Lidocaine patches are the only commercially approved formulation of Lidocaine for treatment of neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Furthermore, lidocaine is not recommended for non-neuropathic pain. The MTUS has no specific recommendations regarding topical Amitriptyline. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Gabaclosetram 180mgs (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) notes that topical analgesics 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. While many other agents are compounded in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use many of these agents. The MTUS guidelines also recommend that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Official Disability Guidelines (ODG) also notes similar recommendations

regarding the use of topical analgesics. The MTUS and ODG do not recommend Gabapentin for topical use as there is no peer-reviewed literature to support use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Per MTUS, other muscle relaxants are not recommended as topical products. ODG also does not recommend use of other muscle relaxants. The MTUS and ODG have no specific recommendations regarding topical Tramadol. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.