

<b>Case Number:</b>	CM14-0055455		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, Pain 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:

The injured worker is a 34-year-old male who reported an injury on 03/18/2013 due to unloading a package out of the rear of a vehicle. The injured worker is status post right shoulder arthroscopic subacromial decompression, acromioclavicular resection in 11/2013. Physical examination on 03/03/2014 noted the patient complained of constant severe right shoulder pain radiating upwards to right side of neck, constant mild left shoulder pain, and trouble sleeping. Examination revealed cervical spine was tender with muscle spasms at levels C2 through C7. The right shoulder was tender on range of motion 130 degrees flexion and 120 degrees abduction. Medications being taken were topical medication, Benazepril 20 mg, Norco, and Protonix. The diagnosis was rule out right rotator cuff tear. Treatment plan was for the injured worker is to continue with current medication, also for physical therapy twice a week for 6 weeks. The injured worker was going to have acupuncture and chiropractic treatment once a week. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Lidocaine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111, 112 Page(s): 111-112.

**Decision rationale:** The request for Flurbiprofen/Cyclobenzaprine/Lidocaine is not medically necessary. Diagnostic studies and physical therapy reports were not submitted for review. Medications such as acetaminophen and nonsteroidal anti-inflammatory agents were not reported as being tried and failed. The California Medical Treatment Utilization Schedule states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many of these agents contain at least 1 drug (or drug class) that is not recommended is not recommended. The request is for a topical analgesic which compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that is compounded and contains the muscle cyclobenzaprine. The guidelines state there is no evidence for use of any other muscle relaxant as a topical agent. This topical agent also contains Lidocaine which is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. The injured worker does not have a diagnosis of peripheral pain or neuropathic pain. There were no reports of other medications being tried and failed such as NSAIDs and acetaminophen. Therefore, the request is not medically necessary.

**CapsaicinCyclobenzaprineMenthol/Camphor/gabapentin/Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111, 112 Page(s): 111, 112.

**Decision rationale:** The request for CapsaicinCyclobenzaprineMenthol/Camphor/gabapentin/Tramadol is non-medically necessary. This medication that is requested is a compounded topical analgesic which is largely experimental in use. The California Medical Treatment Utilization Schedule primarily recommends topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The requested compounded topical analgesic contains Capsaicin which the medical guidelines recommend only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is primarily used for the treatment of postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The requested medication also contains gabapentin which the medical guidelines do not recommend. There is no peer reviewed literature to support use. There were no diagnostic studies or physical therapy reports submitted for review. There were no reports of medications tried and failed such as acetaminophen or other NSAIDs. Therefore, the request is not medically necessary.

