

Case Number:	CM14-0071530		
Date Assigned:	07/16/2014	Date of Injury:	04/10/2012
Decision Date:	08/28/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehab 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:

The injured worker is a 62-year-old-female with a injury date of 04-10-2012. There is no mechanism of injury mentioned. She presented with shoulder pain. On exam, the left shoulder is tender with range of motion. Diagnoses are left shoulder impingement syndrome and acromioclavicular joint arthrosis. Treatment plan consisted of a shoulder exercise kit. The request for Flurbiprofen 15% Cyclobenzaprine 10% Qty180 grms apply to affected are twice daily; Tramadol 8% Gabapentin 10% Menthol 2% Capsaicin .05% Qty 180 gms apply to affected area twice daily was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 15%/CYCLOBENZAPRINE 10% QTY 180 GMS APPLY TO AFFECTED AREA TWICE DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with

advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

**TRAMADOL 8%/GABAPENTIN 10%/MENTHOL 2%/CAPSAICIN .05% QTY 180
GMS APPLY TO AFFECTED AREA TWICE DAILY: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, Gabapentin is not recommended for topical application, as there is no peer-reviewed literature to support use. Furthermore, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, which is not the case here. Therefore, the request is not medically necessary according to the guidelines.