

Case Number:	CM14-0073405		
Date Assigned:	07/16/2014	Date of Injury:	02/01/2010
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old male who has submitted a claim for lumbago and cervical spinal stenosis associated with an industrial injury date of February 1, 2010. Medical records from 2013 to 2014 were reviewed. The patient has a history of chronic neck and low back pain since 2006, which was exacerbated by the industrial injury, and has been progressively worsening. He was found to have cervical disc bulges with facet arthropathy and evidence of neural foraminal stenosis, as well as lumbar disc bulges with facet hypertrophy and evidence of radiculopathy. The patient states that the neck and low back pain radiates to the bilateral upper and lower extremities, respectively. He also continues to have bilateral shoulder pain, left worse than right. Physical examination of the shoulders showed tenderness over the bilateral acromioclavicular (AC) joint, biceps tendon/groove, and suprascapular muscles; bilaterally positive Impingement and Hawkins/Neer tests; positive thumbs down test on the left; bilateral shoulder shrug motor strength of 4+ to 5/5; and bilateral upper extremities strength of 4+/5 due to pain. Examination of the lumbar spine showed mild loss of lordosis; tenderness over lumbar paraspinal muscles, more on the left, and sacroiliac region, worse on the right than left; positive straight leg raise on the left; extensor hallucis longus (EHL), anterior tibialis and gastrocnemius strength of 4/5 on the left; and patellar reflexes of 1+ on the right. The diagnoses were bilateral shoulder impingement syndrome; acromioclavicular joint arthrosis, bilateral shoulders; rotator cuff tear, bilateral shoulders; cervical spine sprain/strain with discogenic disease; lumbar spine sprain/strain with radiculitis; discogenic disease with unstable back lumbar stenosis; and radicular symptoms, lower extremities. According to a progress report dated March 31, 2014, conservative treatment such as physical therapy, left shoulder cortisone injection and oral medications have failed to manage pain. Treatment to date has included oral topical analgesics, weight loss program, physical therapy, shoulder cortisone injection, and cervical ESI. Utilization review from May 14,

2014 denied the request for Flurbiprofen 20% Capsaicin 0.025%, Methyl Salicylate 45, #180 because topical NSAID such as flurbiprofen is not recommended for axial pain. Any compounded product that contains at least one drug (or drug class that is not recommended is not recommended. The request for Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2.5% #180 was also denied because use of topical cyclobenzaprine, gabapentin and tramadol are not supported by the guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Capsaicin 0.025%, Methyl Salicylate 45, #180 (date of service 4/30/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylates (Topical Analgesics) Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Capsaicin (Topical).

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS recommends topical NSAID formulation for diclofenac only. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercreme, methyl salicylate) are significantly better than placebo in chronic pain. In addition, guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, a progress report dated March 31, 2014 stated that oral pain medications and physical therapy have failed to manage pain. However, there was no objective evidence to support this claim. Previous medications were also not specified. Moreover, Flurbiprofen is not recommended for topical use. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Flurbiprofen 20% Capsaicin 0.025%, Methyl Salicylate 45, #180 for date of service 4/30/14 is not medically necessary.

Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2.5% #180 (date of service 4/30/14): 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): 111-113.

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. With regards to ketoprofen, this is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. In addition, there is no evidence to support the use of topical cyclobenzaprine and its addition to other agents is not recommended. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, a progress report dated March 31, 2014 stated that oral pain medications and physical therapy have failed to manage pain. However, there was no objective evidence to support this claim. Previous medications were also not specified. Moreover, not all of the components of the requested compounded medication are recommended for topical use. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Gabapentin 5%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2.5% #180 for date of service 4/30/14 is not medically necessary.