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| Case Number: | CM14-0086356 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/01/2011 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Illinois. 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 55 year old female who reported a date of injury of 08/05/2008. The mechanism of injury was not indicated. The injured worker had diagnoses of chronic right shoulder pain and right shoulder replacement. Prior treatments included physical therapy, acupuncture, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker had an x-ray of the shoulder with an unknown date and a magnetic resonance imaging (MRI) of the right shoulder on 04/23/2014 with official findings indicating pronounced attenuation of the extra-articular long head bicep tendon consistent with a chronic tear. Surgeries included an acromioplasty of the right shoulder. The injured worker had complaints of intermittent cervical, thoracic and lumbar pain rated at 5-6/10 and stated her pain was better with pain medications. The clinical note dated 03/27/2014 noted the injured worker had a positive straight leg raise, pain with flexion and extension of the lumbar spine, tenderness to palpation of the paravertebral muscle and tenderness to palpation of the trapezius rhombi. There was a positive pertinent finding of the left lower extremity. The patient's medications included Percocet, Oxycontin, Cyclobenzaprine, Naprosyn and Norco. The treatment plan included the recommendation for physical therapy, a referral for a general orthopedic, the recommendation for acupuncture and a recommendation for a pain management consult. The rationale and request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS 04/14/14 Flubiprofen/Tramadol/Cyclobenzaprine 20 %, 20 %, 10 %, 10 %:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs

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

Decision rationale: The injured worker had complaints of increased right shoulder pain of 9/10. She indicated Oxycontin and Norco were not effective in reducing the pain and the use of the TENS unit did provide some pain relief and, had previously used Trixaicin topical cream that was beneficial in providing pain relief. The California MTUS guidelines indicate topical analgesics are largely experimental with few controlled studies determining the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain after documented failed treatments with antidepressants and anticonvulsants. Any compounded product that contains at least one drug that is not recommended is not recommended. Topical analgesics are most beneficial for osteoarthritis of the knee, and there is little evidence to utilize topical NSAID's for treatment of osteoarthritis of the spine, hip or shoulder. Topical analgesics are not supported for the use of neuropathic pain. There is a lack of documentation the injured worker failed treatments with antidepressants or anticonvulsants for which the guidelines recommend the use of topical analgesics for neuropathic pain after failed treatments of antidepressants and anticonvulsants. Furthermore, the injured worker had complaints of shoulder pain and the guidelines indicate topical analgesics are not supported for the use of the hip, spine or shoulder. Additionally, the request as submitted did not specify a frequency of the medications use or a site of application of the medication. As such, the request is not medically necessary.

RETRO DOS 04/14/14 Amitriptyline/Dextromethophan/Gabapentin, 10 %, 10 %, 10 %:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, compound drugs

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

Decision rationale: The injured worker had complaints of increased right shoulder pain of 9/10; he indicated Oxycontin and Norco were not effective in reducing the pain. She stated the use of the TENS unit did provide some pain relief and had previously used Trixaicin topical cream that was beneficial in providing pain relief. The California MTUS guidelines indicate topical analgesics are largely experimental with few controlled studies determining the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain after documented failed treatments with antidepressants and anticonvulsants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical

analgesics are most beneficial for osteoarthritis of the knee; there is little evidence to utilize topical NSAID's for treatment of osteoarthritis of the spine, hip or shoulder. Topical Gabapentin is not recommended, there is no peer-reviewed literature to support its use. There is a lack of documentation the injured worker failed treatments with antidepressants or anticonvulsants, for which the guidelines recommend the use of topical analgesics for neuropathic pain after failed treatments of antidepressants and anticonvulsants. Furthermore, the injured worker had complaints of shoulder pain and the guidelines indicate topical analgesics are not supported for the use of the hip, spine or shoulder. The requested medication is a topical analgesic containing Gabapentin; the guidelines indicate topical Gabapentin is not recommended. Additionally, the request as submitted did not specify a frequency of the medications use or a site of application of the medication. As such, the request is not medically necessary.