

Case Number:	CM14-0096863		
Date Assigned:	07/28/2014	Date of Injury:	07/20/2011
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Pain Management 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:

This case involves a 57 year old female who sustained an injury on 07/20/11. The mechanism of injury was not submitted with the records. A utilization review determination dated 06/16/2014 recommended non-certification of topical medications. The medical reported dated 05/29/2014 identifies that the injured worker's pain is unchanged and the orthopedic surgeon is recommended right shoulder surgery. On the examination there was right shoulder tenderness with limited range of motion, positive impingement and apprehension signs

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% 180 grams:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 109, 114, 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: The California MTUS notes that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In addition, treatment is recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs

for treatment of osteoarthritis of the spine, hip or shoulder. In regards to neuropathic pain topical NSAIDs are not recommended as there is no evidence to support use. In addition, muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the Food and Drug Administration (FDA)-approved oral forms for this patient. In light of the above issues, the currently requested Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% is not medically necessary.

1 Container of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 109, 114, 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: The California MTUS notes that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In addition, treatment is recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In regards to neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. Furthermore, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the Food and Drug Administration (FDA)-approved oral forms for this patient. In light of the above issues, the currently requested Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% is not medically necessary.