

Case Number:	CM14-0196335		
Date Assigned:	12/03/2014	Date of Injury:	05/26/2012
Decision Date:	01/20/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal Medicine, has a subspecialty in Allergy and Immunology 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 53-year-old female who reported injury on 05/26/2012 where the mechanism of injury was the injured worker was hit by a falling shelf. Prior treatments included acupuncture, steroid injections and B12 injections. The surgical history was noncontributory. The diagnoses included partial rotator cuff tear, cervical spine strain, and lumbar spine strain. The injured worker underwent an MRI of the left shoulder which revealed small anterior subacromial spurring and moderate degenerative changes of the acromioclavicular joint and severe supraspinatus tendinopathy with bursal surface partial tear near the myotendinous junction as well as subdeltoid bursitis. There was moderate infraspinatus tendinopathy. The documentation of 09/09/2014 revealed the injured worker had constant neck and low back pain rated at 7/10. It was indicated the injured worker was attending chiropractic care. Physical examination of the cervical spine revealed painful cervical extension. The head compression test was mildly positive. There was extreme tightness in the levator scapular musculature. Shoulder retraction produced discomfort. The injured worker had decreased range of motion and manual traction provided slight relief. The injured worker had sacroiliitis tenderness and pain in the lower lumbar midline and paraspinal musculature. There was a mild amount of muscle spasm on forward flexion. The sciatic stretch sign produced back pain and sacroiliac pain at 70 degrees. The hip range of motion was intact; however, maximum flexion produced pain in the sacroiliac region and in the low back. Sensation was intact. The diagnoses included lumbar discopathy, mild lumbar scoliosis, cervical multilevel mild discopathy without radiculopathy, and significant left shoulder impingement. The treatment plan included 8 visits of chiropractic care, medications including topical analgesics and Ultram 50 mg. Additionally, the request was made for a referral to a pain management specialist. There was Request for Authorization submitted for review for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for consideration for cervical epidural steroid injection (CESI) and lumbar epidural steroid injection (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain Management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling a potentially serious condition, conservative management is provided. If the complaint persists the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. Additionally, the guidelines indicate that an epidural steroid injection is appropriate when there is documentation of objective radicular findings upon examination that are corroborated by electrodiagnostic and/or imaging findings. The clinical documentation submitted for review failed to provide documentation of the above criteria. There is a lack of documentation of a failure of conservative care. There is a lack of documentation of objective radicular findings upon examination. Given the above, the request for pain management for consideration for cervical epidural steroid injection (CESI) and lumbar epidural steroid injection (LESI) is not medically necessary.

Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Topical NSAIDS, Page(s): 41, 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... There is no peer-reviewed literature to support the use of topical baclofen. The guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Regarding Topical Flurbiprofen...FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The only FDA approved topical NSAID is Diclofenac 1% gel, which is

indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. The clinical documentation submitted for review failed to provide documentation of a failure of antidepressants and anticonvulsants. There is a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations as at least 1 product is not recommended. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there is a lack of documentation indicating a necessity for multiple creams with the same or similar components. Given the above, the request for Flurbiprofen 10%, baclofen 2%, cyclobenzaprine 2%, and Diclofenac 3% 120 gm is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin Ketoprofen, , Lidocaine, Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Ketoprofen is not currently FDA approved for a topical application. There is a lack of documentation indicating the injured worker had a trial and failure of anticonvulsants and antidepressants. There is a lack of documentation of exceptional factors as multiple components in the topical are not recommended. Additionally, there is a lack of documentation indicating a necessity for multiple creams with the same or similar ingredients. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for lidocaine 6%, gabapentin 10%, ketoprofen 10% 120 gm is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 3% 120gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, , Cyclobenzaprine, Topical NSAIDS, , Baclofen, Flurbiprofen, Pa.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled

trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Regarding Topical Flurbiprofen...FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. There is no peer-reviewed literature to support the use of topical baclofen. The guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation of a failure of antidepressants and anticonvulsants. There is a lack of documentation indicating a necessity for multiple topical creams or ointments with the same or similar ingredients. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documentation of exceptional factors, the request for flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 3% 120 gm is not medically necessary.