

Case Number:	CM14-0196348		
Date Assigned:	12/03/2014	Date of Injury:	08/25/2011
Decision Date:	01/20/2015	UR Denial Date:	10/25/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56-year-old male with an injury date of 08/25/11. Based on the 08/13/14 progress report, the patient complains of pain in cervical spine with radiation to thoracic spine, left shoulder, thoracic spine, and lumbar pain radiating to lower extremities. Physical examination revealed decreased range of motion in the shoulder in all planes and pain with palpation. Shoulder depression test and axial compression test were positive. Bilateral thoracic and lumbar paraspinal muscles had spasms and tenderness. There were +4 spasms and tenderness to Left rotator cuff muscles and Left upper shoulder muscles. Patient was using non-steroidal anti-inflammatory topical cream. Per Functional Capacity Evaluation dated 04/10/14 reported that the patient was unable to drive, sit for long times, and lift heavy items. It was stated he was unable to meet strength requirements to work. Diagnosis 08/13/14- Failed Surgery of the Left Shoulder- Cervical Disc Herniation with Myelopathy- Lumbar Spondylosis with Myelopathy- Partial Tear of Rotator Cuff Tendon of the Left Shoulder- Rotator Cuff Syndrome Left Shoulder- Thoracic Spondylosis without Myelopathy- Chondromalacia Patella of the Right Knee The utilization review determination being challenged is dated 10/25/14. The rationale was: No support for topical use of Gabapentin. Ketoprofen is not FDA-approved for topical application. There is no support for topical use of Baclofen or Cyclobenzaprine. Flurbiprofen is not support for topical application." Treatment reports were provided from 04/30/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% apply a thin layer to the affected are twice daily as directed, quantity 180 grams with 2 refills (DOS: 9/03/2014): Upheld

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

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

Decision rationale: Patient presents with pain in cervical spine with radiation to thoracic spine, left shoulder, thoracic spine, and lumbar pain radiating to lower extremities. Patient is status post failed surgery of the left shoulder. The request is for retrospective Lidocaine 6%; gabapentin 10% Ketoprofen 10%; apply a thin layer to the affected area twice daily as directed, quantity 180 grams with 2 refills (DOS 09/03/2014). Patient's diagnosis included cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, partial tear of rotator cuff tendon of the left shoulder, rotator cuff syndrome left shoulder, thoracic spondylosis without myelopathy, and Chondromalacia patella of the right knee. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater has not provided reason for the request, nor discussed what body part would be treated. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin is "not recommended," and Lidocaine is only allowed in a patch formulation per MTUS. Furthermore, regarding the NSAID portion of the lotion, patient does not present with osteoarthritis in review of reports. Therefore the request is not medically necessary.

Retrospective Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% apply a thin layer to the affected area twice daily as directed, quantity 180 grams with 2 refills (DOS: 9/03/2014): 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 creams, Topical Analgesics Page(s): 111,113.

Decision rationale: Patient presents with pain in cervical spine with radiation to thoracic spine, left shoulder, thoracic spine, and lumbar pain radiating to lower extremities. Patient is status post

failed surgery of the left shoulder. The request is for retrospective Flurbiprofen 15% cyclobenzaprine 2%; Baclofen 2% Lidocaine 5%, apply a thin layer to the affected area twice daily as directed. Quantity 180 grams with 2 refills (DOS 09/03/14) The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater has not provided reason for the request, nor discussed what body part would be treated. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Baclofen is "not recommended," and Lidocaine is only allowed in a patch formulation per MTUS. Furthermore, regarding the NSAID portion of the lotion, patient does not present with osteoarthritis in review of reports. Therefore the request is not medically necessary.