MAXIMUS Federal Services

Case Number:	CM15-0000727		
Date Assigned:	01/12/2015	Date of Injury:	10/27/2008
Decision Date:	04/07/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported injury on 10/27/2008. The mechanism of injury was not provided. The documentation of 05/16/2013 revealed the injured worker had complaints of symptomatic pain. The objective examinations revealed the injured worker had ongoing paracervical trapezius muscle, more left than right sided, with diminished C5-6 sensation, more left than right sided. Range of motion was limited. The injured worker had a positive impingement and positive Neer's sign, more pronounced on the left than the right. There was a positive right sided Finkelstein's maneuver. The diagnosis included cervical spine sprain/strain, rule out cervical discopathy, right upper extremity radiculopathy, left shoulder impingement syndrome, bilateral carpal tunnel syndrome, and right de Quervain's thyroiditis. Treatment plan included transdermal medications to minimize pain and avoid side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurb/Cyclo for date of service 5/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Cyclobenzaprine Page(s): 72; 111; 41.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. 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 guidelines do not recommend the topical use of Cyclobenzaprine as a 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 indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the requested medication failed to indicate the frequency, the quantity, and the body part to be treated. Given the above, the request for Retrospective Flurb/Cyclo for date of service 5/18/13 is not medically necessary.

Retrospective Tram/Gaba/Menth/Camph/Caps for date of service 5/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Gabapentin; Topical Capsaicin; Topical Analgesics; Topical Salicylates Page(s): 82; 111; 28; 111; 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that 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. Topical Salicylates are recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates.

The clinical documentation submitted for review failed to provide documentation of exceptional factors. Multiple medications in the component are not recommended. There was a lack of documentation of a failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. Additionally, the request failed to indicate the frequency, quantity, and body part to be treated with the requested topical medication. Given the above, the retrospective request for Tram/Gaba/Menth/Camph/Caps for date of service 5/18/13 is not medically necessary.