

<b>Case Number:</b>	CM15-0005562		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 64 year old female, who sustained an industrial injury on 11/4/13. She has reported pain in bilateral shoulders, low back and bilateral knees. The diagnoses have included rotator cuff tear of left shoulder. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, and medications. Magnetic resonance imaging (MRI) of left shoulder performed on 11/4/14 revealed interstitial partial thickness tear of the anterior fibers of the distal supraspinatus tendon, and supraspinatus and infraspinatus tendinosis. Currently, the injured worker complains of dull, achy, left shoulder pain radiating down the arm to the fingers. The PR2 dated 10/6/14 revealed an exam noting tenderness to palpation at the supraspinatus, infraspinatus muscles and at the tendon attachments, also tenderness to palpation at the subacromial space, with decreased range of motion of the left shoulder. She stated the symptoms persist but the medications provide temporary relief of pain. The PR2 of 10/6/14 lists the current medications including the medications at issue, but does not specify the doses, frequency of administration, or quantity prescribed. The PR2 of 11/7/14 notes similar complaints, findings, and medications. A request for authorization dated 11/7/14 includes prescription for capsaicin 0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180 gm, and cyclobenzaprine 2%/flurbiprofen 25% 180 gm. On 12/15/14 Utilization Review non-certified prescriptions for menthol, Flurbiprofen, capsaicin, gabapentin, cyclobenzaprine and deprezine, noting there are no dosages or instructions indicated. The MTUS, ACOEM Guidelines, was cited by Utilization Review. The decision was subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Deprizine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Drugs website and PDR

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p. 68-69.

**Decision rationale:** Deprizine is ranitidine in an oral suspension. Ranitidine is prescribed without any rationale provided. If ranitidine is prescribed as cotherapy with an NSAID, ranitidine is not the best drug. Note the MTUS recommendations cited. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. Ranitidine is not medically necessary based on the MTUS. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. For these reasons, the request for deprizine is not medically necessary.

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 & 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics p. 111-113 muscle relaxants p. 63-66 cyclobenzaprine p. 41-42 Page(s): p. 4.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the

quantity may potentially be excessive and in use for longer than recommended. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. The request for authorization dated 11/7/14 suggests that cyclobenzaprine has been prescribed in topical form, in combination with flurbiprophen, although the formulation, quantity, and directions for use were not specified in the application for Independent Medical Review. Cyclobenzaprine has been prescribed for at least three months per the documentation submitted. Due to the lack of a sufficiently specific prescription and long term use not in accordance with the guidelines, the request for cyclobenzaprine is not medically necessary.

**Gabapentin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19 & 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs p. 16-22 topical analgesics p. 111-113 Page(s): p. 16-22, 111-113.

**Decision rationale:** Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. The dosage form, quantity, and directions for use were not specified in the application for Independent Medical Review. A request for authorization dated 11/7/14 notes gabapentin in topical form in combination with several other topical medications, without notation of site of application or directions for use. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to lack of a sufficiently specific prescription, and guidelines recommending against use of gabapentin in topical form, the request for gabapentin is not medically necessary.

**Capsaicin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28 & 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113.

**Decision rationale:** Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The requested prescription is for an unstated quantity, and the

medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The site of application and directions for use were also not specified. Due to lack of a sufficiently specific prescription, and lack of demonstration of failure of other treatments, the request for capsaicin is not medically necessary.

**Flurbiprofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS p. 67-73 topical analgesics, nonsteroidals p. 111-112 Page(s): p. 67-73, 111-112.

**Decision rationale:** Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The request for authorization dated 11/7/14 includes two compounded topical creams both containing flurbiprofen, which is duplicative and potentially toxic. The site of application was not specified, but the medical records pertain specifically to the left shoulder, with documentation of left shoulder rotator cuff tear and tendinosis. The medication has been in use for at least three months. Due to the lack of a sufficiently specific prescription and the potential for toxicity, the request for flurbiprofen is not medically necessary.

**Menthol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113. Decision based on Non-MTUS Citation Camphor and Menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The MTUS is silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. The request for authorization dated 11/7/14 suggests that menthol has been prescribed as part of a compounded topical cream, which contains other agents which are not recommended by the MTUS. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. There was no documentation of dry, itchy skin. The records provided pertain to left shoulder rotator cuff tear and tendinosis. The quantity, directions for use, and body part to be treated, were not specified. Due to the lack of a sufficiently specific prescription and lack of indication, the request for menthol is not medically necessary.