

Case Number:	CM15-0005568		
Date Assigned:	01/16/2015	Date of Injury:	11/15/2012
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/09/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 52-year-old female who reported injury on 11/15/2012. The mechanism of injury was not provided. Prior therapies included extracorporeal shockwave therapy. Therapies include physical therapy. Other therapies additionally included acupuncture therapy and localized intense neurostimulation therapy. The injured worker underwent an MRI of the left shoulder and left wrist. Documentation of 09/16/2014 revealed the injured worker had complaints of neck pain, shoulder pain, wrist pain and burning radicular upper mid back pain. The injured worker had burning radicular low back pain and muscle spasms. The injured worker complained of abdominal discomfort. The injured worker indicated the symptoms persisted, but the medications offered temporary relief of pain, and improved her ability to have restful sleep. The injured worker had tenderness in the suboccipital region in the trapezius and scalene muscles. The injured worker had decreased range of motion of the cervical spine. The injured worker had decreased range of motion of the left shoulder. Sensation to pinprick and light touch was diminished over the C5, C6, C7, C8 and T1 dermatomes bilaterally in the bilateral upper extremities. The injured worker had decreased range of motion of the thoracic spine. The injured worker had palpable tenderness with spasms in the lumbar paraspinal muscles and lumbosacral junctions. The injured worker had decreased range of motion of the lumbar spine. The injured worker had a positive straight leg raise bilaterally at 40 degrees. The injured worker had decreased sensation to pinprick and light touch at L4, L5 and S1 dermatomes. The diagnoses included cervicgia; cervical spine radiculopathy; left wrist tenosynovitis; thoracic spine pain; thoracic disc displacement; Schmorl's nodes, thoracic region; lumbosacral pain;

lumbar spine radiculopathy; mood disorder; anxiety disorder; and sleep disorder. The treatment plan included physical therapy 3 times a week for 6 weeks; Terocin patches; shockwave therapy; Deprizine, which is ranitidine, Dicopanor, which is diphenhydramine; Fanatrex, which is gabapentin and other propriety ingredients; Synapryn, which is tramadol and glucosamine; Tabradol, which is cyclobenzaprine; cyclobenzaprine, itself; gabapentin; and flurbiprofen. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Flurbiprofen; Topical analgesics; C.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control 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 1 drug (or drug class) that is not recommended is not recommended. Capsaicin: recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Flurbiprofen 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. Gabapentin is not recommended for topical use. Salicylate topicals are recommended. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating a necessity for 2 topicals; and it was indicated the injured worker was utilizing flurbiprofen orally. Flurbiprofen is not recommended by the FDA for topical application, this medication would not be supported. The documentation indicated the injured worker was to utilize Fanatrex, which is gabapentin and there was a lack of documentation to support a necessity for both an oral and topical form of the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had not responded to, or was intolerant to, other treatments. The request as submitted failed to indicate the frequency and the body part to be treated. There was a lack of documentation of exceptional factors. Given the above, the request for capsaicin 0.025%/flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180 grams is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25%, 180 grams: Upheld

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

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 control 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 1 drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant 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. 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. Flurbiprofen 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 clinical documentation submitted for review failed to provide documentation 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. Flurbiprofen is not recommended by the FDA for topical application, this medication would not be supported. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for cyclobenzaprine 2%/flurbiprofen 25%, 180 grams is not medically necessary.