

Case Number:	CM15-0009862		
Date Assigned:	01/27/2015	Date of Injury:	09/24/2012
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old male was injured 9/24/12 in an industrial accident involving his left shoulder. Currently he experiences burning, numbing and tingling right shoulder pain radiating to his neck, arm and hand. His activities of daily living are somewhat compromised due to the pain. Pain intensity is 3-4/10. His current medications are Deprizine, Dicoprofanol, Fanatrex, Synapryn, Singulair, Dulera and ProAir. Diagnoses are right shoulder rotator cuff tear; right biceps tendon tear; right wrist tenosynovitis; cervical disc displacement and radiculopathy; bilateral knee sprain/ strain; right knee meniscal tear and mood disorder. Past treatments included cortisone injection acupuncture which was helpful, chiropractic sessions, shockwave therapy and physical therapy. Diagnostics included MRI and computed tomography. On 1/6/15 Utilization Review non-certified the request for cyclobenzaprine 2%, Flurbiprofen 25% 180 GM three times per day #1 and Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, menthol 2%, Camphor 2% 180 GM #1 citing MTUS: Chronic Pain Medical Treatment Guidelines: Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Flurbiprofen 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating right shoulder pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.

Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating right shoulder pain. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. Camphor and menthol are used to relieve minor muscle or joint pain. The mechanism of action is that of a counterirritant, which cause interference with transmission of pain signals through nerves. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.