

Case Number:	CM15-0131258		
Date Assigned:	07/24/2015	Date of Injury:	12/01/2014
Decision Date:	09/09/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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, Indiana, New York
 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:

This is a 49 year old male with a December 1, 2014 date of injury. A progress note dated April 28, 2015 documents subjective complaints (left shoulder pain radiating to the left arm rated at a level of 8 out of 10), objective findings (pain with palpation on the posterior aspect of the left shoulder as well as very mild tenderness over the anterior biceps tendon; mild tenderness over the insertion of the supraspinatus tendon; very mild tenderness with deep palpation over the acromioclavicular joint; mildly positive Neer's test and mildly positive Hawkins test), and current diagnoses (left biceps tendon strain and partial tear; left triceps muscle and tendon partial tearing, strain; left arm pain; left shoulder paralabral ganglion cyst; left shoulder partial tear of posterior superior glenoid labrum; left shoulder acromioclavicular joint arthritis; left shoulder paratendinitis of the supraspinatus tendon). Treatments to date have included imaging studies and work restrictions. The treating physician documented a plan of care that included Flurbiprofen, Lidocaine, Gabapentin, Amitriptyline, Capsaicin, Cyclobenzaprine, and Lidocaine topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Flurbiprofen/Lidocaine; Gabapentin Amitriptyline/Capsaicin, Cyclobenzaprine/Lidocaine duration and frequency unknown dispensed on 04/28/15:
 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective review Flurbiprofen, lidocaine, gabapentin, amitriptyline, capsaicin in Versapro base and cyclobenzaprine and lidocaine and Versapro base, duration and frequency unknown, dispensed on 04/28/15, is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are left biceps tendon strain, partial tear; left triceps muscle and tendon partial tear, strain; left arm pain; left shoulder paralabral cyst/ganglion cyst; left shoulder partial tear of posterior superior glenoid labrum; left shoulder AC joint arthritis; and left shoulder paratendinitis supraspinatus tendon. Date of injury is December 1, 2014. Request for authorization is dated June 16, 2015. The medical record contains 57 pages. There is no contemporaneous progress note documentation on or about the date of request for authorization June 16, 2015. According to the progress note dated April 28, 2015, the injured worker subjectively complains of left shoulder pain 8/10. Objectively, there is mild tenderness present. The treatment plan does not contain a clinical discussion, indication or rationale for topical analgesics. There are two topical analgesic creams requested and there is no clinical indication or rationale for either in the medical record. Flurbiprofen is not [REDACTED] approved and not recommended topical use. Lidocaine and non-Lidoderm form is not recommended. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, lidocaine in non-Lidoderm form, topical gabapentin and topical cyclobenzaprine) that is not recommended is not recommended. Consequently, retrospective review Flurbiprofen, lidocaine, gabapentin, amitriptyline, capsaicin in Versapro base and cyclobenzaprine and lidocaine and Versapro base is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective review Flurbiprofen, lidocaine, gabapentin, amitriptyline/capsaicin in Versapro base and cyclobenzaprine and lidocaine and Versapro base, duration and frequency unknown, dispensed on 04/28/15, is not medically necessary.