

Case Number:	CM15-0133285		
Date Assigned:	07/21/2015	Date of Injury:	04/06/2013
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 58 year old female who sustained an industrial injury on 04/06/2013. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having disorder of bursae and tendons in shoulder region. Treatment to date has included right shoulder surgery 09/12/2014, post op physical therapy, and medications. Currently, the injured worker complains of pain in the: 1. Right Shoulder: Moderate pain in the right shoulder described as constant, throbbing, tender, irritating and aggravated by arm movement. 2. Right elbow: Minimal pain is described as heavy and aggravated by dropping the arm. She also reported numbness over the elbow. 3. Cervical spine: Intermittent pain described as throbbing and aching, increased by movement. She also had numbness that radiated into the right arm. On exam, the cervical spine had 3+ spasm and bilateral paraspinal tenderness from C2-C7. She also had tenderness in the right upper shoulder and right upper trapezius. Axial compression test was positive bilaterally, distraction test was positive bilaterally, and shoulder depression was positive on the right. The shoulder had +3 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Speeds test and supraspinatus test were positive on the right. The elbows had bilateral normal neurologic exams. There was numbness post-surgery of the right shoulder with +2 spasms and tenderness to the right lateral epicondyle and right olecranon. Tinel's sign was positive on the right. There was +3 spasm and tenderness to the right wrist extensors and flexors. Tinel's test was positive on the right. The diagnostic impressions were: Bursitis and tendinitis of the right shoulder; Bicipital tenosynovitis; Partial tear of rotator cuff tendon; Medial epicondylitis;

Lateral epicondylitis of the right elbow; Olecranon Bursitis of the right elbow. The treatment plan included an upcoming nerve conduction Velocity/Electromyogram study of the bilateral upper extremities, continuation of physical therapy on the right shoulder and use of compounded topical ointments as ordered. A request for authorization was made for the following: 1. Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 grams, 2 refills. 2. Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180 grams, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 grams, 2 refills:
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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain. Based on the above Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180 grams, 2 refills is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180 grams, 2 refills: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin or any other compound of the topical analgesic is recommended as topical

analgesics for chronic pain. Based on the above Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180 grams, 2 refills is not medically necessary.