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| Case Number: | CM15-0134719 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 04/30/2001 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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

Certification(s)/Specialty: Family Practice

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 72-year-old female with an industrial injury dated 04/03/2001. The mechanism of injury is documented as a fall onto the right side of her body, striking her right shoulder, right elbow, wrist hand and low back. Her diagnoses included right shoulder partial rotator cuff tear, right shoulder bicipital tenosynovitis, right shoulder labral tear, right shoulder osteoarthritis and right shoulder internal derangement. Prior treatments included epidural steroid injection, physical therapy, diagnostics, right shoulder surgery, acupuncture and medications. She presents on 04/09/2015 for pain management follow up evaluation reporting that her symptoms remain the same since the last examination. She continues to complain of constant right shoulder pain rated as 8/10 and constant right elbow pain rated as 9/10. The provider documents the following: The injured worker denied side effects or gastrointestinal symptoms with the use of oral and topical medications. Pain level without medication is 9/10 and decreases to 6/10 with the use of medication. Topical creams and patches help decrease pain and use of oral medications and allow the injured worker to sleep longer and perform chores. Physical exam of right shoulder noted tenderness and spasms along the trapezius muscle and acromioclavicular joint. Impingement sign was positive on the right. Tenderness was noted over the right elbow. Treatment plan included topical pain medications, oral medications, continue home exercise program and follow up in 4-6 weeks. Treatment request is for the following: Calypxo cream 2% #1 container. Cyclobenzaprine 7.5 mg #20. Gabacyclotram 180 g #1 container.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Cyclobenzaprine, as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, only short-term use is recommended. There is no rationale provided in the medical records to justify long-term use. For this reason, Cyclobenzaprine is not considered as medically necessary.

Gabacyclotram 180g #1 container: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics as a treatment modality. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabacyclotram topical cream includes the following ingredients: Gabapentin, cyclobenzaprine, Tramadol and Lidoderm. Regarding the use of gabapentin and cyclobenzaprine (a muscle relaxant) the MTUS guidelines state the following: Cyclobenzaprine: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Given that two components of this compounded topical analgesic are not recommended; Gabacyclotram is not medically necessary.

Calypso cream 2% #1 container: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Salicylates Page(s): 105, 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. These agents are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested cream contains methylsalicylate and menthol. Methylsalicylate is recommended as a topical analgesic; however, the use of menthol is not supported by the above-cited MTUS guidelines. Given that there is no justification for the use of menthol as a component in a topical analgesic, the compounded cream is not recommended. Calypso is not considered a medically necessary treatment.