

Case Number:	CM15-0143873		
Date Assigned:	08/04/2015	Date of Injury:	09/06/2013
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, 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:

This 63 year old female sustained an industrial injury on 9-06-13. She subsequently reported back and shoulder pain. Diagnoses include lumbar disc displacement and right shoulder impingement syndrome. Treatments to date include MRI testing, shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience lumbar back and right shoulder pain. Upon examination, there is tenderness to palpation of the lumbar paravertebral muscles and spasm. Lumbar ranges of motion are reduced. Straight leg raise is positive bilaterally. Right shoulder ranges of motion are decreased and painful. A request for Versapro, Flurbiprofen, Cyclobenzaprine #180 and Capsaicin, Flurbiprofen, Gabapentin, Menthol C, Camph #180 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vesapro, Flurbiprofen, Cyclobenzaprine #180: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have the above diagnoses. In addition, the compound was combined with another topical analgesic. There is no indication to combine multiple topical and length of use was not specified. Since the compound above contains these topical medications, the Vesapro, Flurbiprofen, Cyclobenzaprine is not medically necessary.

Capsaicin, Flurbiprofen, Gabapentin, Menthol C, Camph #180: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have the above diagnoses. In addition, the compound was combined with another topical analgesic. There is no indication to combine multiple topical and length of use was not specified. Since the compound above contains these topical medications, the Capsaicin, Flurbiprofen, Gabapentin, Menthol C, Camph is not medically necessary.