

Case Number:	CM15-0160572		
Date Assigned:	08/27/2015	Date of Injury:	06/21/2013
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 45-year-old female who sustained an industrial injury on 06-21-2013. According to a follow up exam on 05-14-2015, the injured worker reported constant right shoulder pain rated 6-7 on a scale of 1-10, constant left shoulder pain rated 7-8 and constant bilateral wrist pain with numbness and tingling, 5-6 on the right and 7-8 on the left. There was tenderness and spasms noted along the trapezius muscles bilaterally. Phalen's test and Tinel's sign was positive bilaterally. Sensations of the upper extremities revealed decreased sensation to light touch over the C6 C8 nerve root distribution bilaterally. Diagnoses included status post left shoulder surgery 10-29-2014, right shoulder bursitis, bilateral wrist ganglion, bilateral carpal tunnel syndrome, idiopathic peripheral autonomic neuropathy and unspecified disorder of autonomic nervous system. The treatment plan included psychological evaluation, referral to orthopedist, Terocin pain patch, Terocin 120 ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%), Flurbi (Nap) Cream-La 180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%), Gabacylcotram 180 mgs (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), Genicin #90 capsules (Glucosamine sodium 500 mg) and Somnicin #30 capsules. The injured worker was temporarily totally disabled until 08-06-2015. Currently under review is the request for 180 grams Gabapentin 10% Cyclobenzaprine 6 & Tramadol 10%, 180mg Flurbiprofen 20% Lidocaine 5% Amitriptyline 45, 120mg Terocin Lotion and Genicin #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

180gm Gabapentin 10% Cyclobenzaprine 6 & Tramadol 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (nonsteroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not recommend Baclofen and states there is no evidence for use of any other muscle relaxant as a topical product. CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. CA MTUS Guidelines do not address topical Tramadol. In this case, documentation shows long-term use of topical analgesic creams. There was no discussion that a trial of antidepressants or anticonvulsants had failed. In addition, guidelines do not support use of topical Cyclobenzaprine or topical Gabapentin. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

180mg Flurbiprofen 20% Lidocaine 5% Amitriptyline 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (nonsteroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a nonsteroidal anti-inflammatory drug. Per MTUS Guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) are used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option

for spine and shoulder conditions. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. Topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support use. FDA approved agents include Voltaren Gel 1% which 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 spine, hip or shoulder. The only FDA approved topical NSAIDS are diclofenac formulations. Not all other topical NSAIDS are FDA approved. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. MTUS recommends against Lidoderm for low back pain or osteoarthritis. CA MTUS does not address Amitriptyline. In this case, documentation shows long term use of topical analgesics. There was no discussion that a trial of antidepressants or anticonvulsants had failed. In addition, guidelines do not support the use of topical Flurbiprofen. The requested treatment contains Lidocaine in the unapproved form. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

120mg Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin Lotion contains Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%. According to CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (nonsteroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. MTUS recommends against Lidoderm for low back pain or osteoarthritis. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. CA MTUS Guidelines do not address Methyl Salicylate or Menthol. In this case, documentation shows long term use of topical analgesics. There was no discussion that a trial of antidepressants or anticonvulsants has failed. The requested treatment contains Lidocaine in the unapproved form. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Genicin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state Glucosamine (and Chondroitin Sulfate) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, there was no indication that the injured worker is benefiting from the use of this medication. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.