

Case Number:	CM15-0163770		
Date Assigned:	09/01/2015	Date of Injury:	01/03/2014
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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: Physical Medicine & Rehabilitation

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 34 year old, female who sustained a work related injury on 1-3-14. The diagnoses have included rotator cuff tear right shoulder, subluxation right sternoclavicular joint and cervical spine sprain. Treatments have included oral medications, TENS unit therapy, use of a heating pad, physical therapy (beneficial), home exercises, and 8 acupuncture sessions (gave her some relief, usually lasted 10 to 12 hours). In the PR-2 dated 7-27-15, the injured worker reports right shoulder and cervical spine pain. In Objective Findings, she has a positive drop test. She has a positive Apprehension test. She has pain with motion. Extension is 40-50 degrees and flexion is 125-180 degrees. Abduction is 115-180 degrees. She is working full duty. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%:
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: Based on the 7/27/15 progress report provided by the treating physician, this patient presents with right shoulder pain, cervical spine pain. The treater has asked for Retrospective Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% on 7/27/15. The request for authorization was not included in provided reports. The patient is s/p a right shoulder MRI positive for rotator cuff tear per 7/27/15 report. The patient is s/p unspecified sessions of physical therapy which was beneficial, and continues with a home exercise program per 5/4/15 report. The patient has substantially regained range of motion, and does not require surgery to the right shoulder or the sternoclavicular joint at this time per 5/4/15 report. The patient's work status is permanent and stationary as of 5/4/15 per 7/27/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. MTUS, Topical Analgesics, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: 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. Other antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. MTUS, Topical Analgesics section, pg. 112: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The treater does not discuss this request in the reports provided. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine, and Gabapentin, neither of which are indicated for use as a topical formulation. It also contains Lidocaine, which is only indicated by MTUS as a dermal patch. Therefore, the requested compounded topical IS NOT medically necessary.

Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%: 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: Based on the 7/27/15 progress report provided by the treating physician, this patient presents with right shoulder pain, cervical spine pain. The treater has asked for Retrospective Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% on 7/27/15. The request for authorization was not included in provided reports. The patient is s/p a right shoulder MRI positive for rotator cuff tear per 7/27/15 report. The patient is s/p unspecified sessions of physical therapy, which was beneficial, and continues with a home exercise program per 5/4/15 report. The patient has substantially regained range of motion, and does not require surgery to the right shoulder or the sternoclavicular joint at this time per 5/4/15 report. The patient's work status is permanent and stationary as of 5/4/15 per 7/27/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. MTUS, Topical Analgesics section, pg. 112: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The treater does not discuss this request in the reports provided. MTUS recommends NSAIDs for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. This patient has neck and shoulder pain, which is not indicated by MTUS for topical NSAIDs. In addition, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The requested topical compound also consists of Lidocaine, which is only recommended by MTUS as a dermal patch. Therefore, the requested compounded topical IS NOT medically necessary.

Retrospective Ibuprofen 800mg #60: 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): Anti-inflammatory medications.

Decision rationale: Based on the 7/27/15 progress report provided by the treating physician, this patient presents with right shoulder pain, cervical spine pain. The treater has asked for Retrospective Ibuprofen 800mg #60 on 7/27/15. The request for authorization was not included in provided reports. The patient is s/p a right shoulder MRI positive for rotator cuff tear per 7/27/15 report. The patient is s/p unspecified sessions of physical therapy which was beneficial, and continues with a home exercise program per 5/4/15 report. The patient has substantially regained range of motion, and does not require surgery to the right shoulder or the sternoclavicular joint at this time per 5/4/15 report. The patient's work status is permanent and stationary as of 5/4/15 per 7/27/15 report. MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The treater does not discuss this request in the reports provided. The patient does not have a history of taking Ibuprofen or any other NSAIDs either, per review of reports. The treater has adjusted medications per requesting 7/27/15 report, and the current request is an initiating prescription for Ibuprofen. The patient "cannot take Ibuprofen or NSAIDs due to gastric bypass and removal" per 1/9/14 report. The treater does not explain the necessity for this request, when the patient is described as unable to take NSAIDs per prior report. Therefore, this request IS NOT medically necessary.