MAXIMUS Federal Services

Case Number:	CM15-0187482		
Date Assigned:	10/05/2015	Date of Injury:	01/03/2014
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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: North Carolina
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 34-year-old female with an industrial injury dated 01-03-2014. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff tear with right shoulder, subluxation right sternoclavicular joint, cervical spine sprain and strain. According to the progress note dated 07-27-2015, the injured worker reported right shoulder pain and cervical spine pain. Pain level score was not reported. A list of current medications was not included in report. Objective findings (07-27-2015) revealed positive drop test, positive apprehension test, and pain with motion. Some documents within the submitted medical records are difficult to decipher. In a treating report dated 05-04-2015, the treating physician reported that the Magnetic Resonance Imaging (MRI) of the right shoulder on 2-27-2014 revealed partial tear of the rotator cuff and Magnetic Resonance Imaging (MRI) of the clavicle on 03-13-2014 revealed subluxation of the right sternoclavicular joint. Treatment has included diagnostic studies, medication, physical therapy, heating pad, work restrictions, and periodic follow-up visits. The treatment plan included transcutaneous electrical nerve stimulation (TENS), heating pads, medication management and follow-up visit. The treating physician prescribed Ibuprofen 800 MG #60 and Flurbiprofen 25 Percent, Lidocaine 5 Percent, Menthol 5 Percent, Camphor 1 Percent, Cyclobenzaprine 10 Percent, Gabapentin 5 Percent, Lidocaine 5 Percent, Capsaicin .025 Percent. The utilization review dated 08-27-2015, non-certified the request for Ibuprofen 800 MG #60 and Flurbiprofen 25 Percent, Lidocaine 5 Percent, Menthol 5 Percent, Camphor 1 Percent, Cyclobenzaprine 10 Percent, Gabapentin 5 Percent, Lidocaine 5 Percent, Capsaicin .025 Percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.

Flurbiprofen 25 Percent, Lidocaine 5 Percent, Menthol 5 Percent, Camphor 1 Percent, Cyclobenzaprine 10 Percent, Gabapentin 5 Percent, Lidocaine 5 Percent, Capsaicin .025 Percent: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: 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 anti-depressants and anti-convulsants 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, anti-depressants, 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. The requested medication contains ingredients (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.