

Case Number:	CM15-0194274		
Date Assigned:	10/08/2015	Date of Injury:	01/19/2015
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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 64 year old male, who sustained an industrial injury on January 19, 2015. He reported cumulative injuries to his neck, right shoulder and right arm. The injured worker was currently diagnosed as having cervical sprain and strain and right shoulder pain, rule out rotator cuff tear. Treatment to date has included diagnostic studies, medication, cortisone injection and physical therapy. Notes dated March 12, 2015, indicated that the injured worker failed to improve significantly with physical therapy and anti-inflammatories. Notes dated April 9, 2015, indicated that the injured worker improved significantly following a corticosteroid injection into the right shoulder. On June 11, 2015, notes stated that a second cortisone injection helped, but not as much as the first injection. On July 28, 2015, the injured worker complained of frequent neck pain with radiation into the right upper extremity. He also reported frequent right shoulder and arm pain. The pain was rated as a 0 on a 0-10 pain scale without activities and as an 8 on the pain scale with activities. The injured worker was noted to be taking medication for high cholesterol and hypertension. He also takes Tylenol for pain. The treatment plan included oral medications, topical cream, physical therapy two times per week for four weeks, x-ray of cervical spine and right shoulder, autonomic nervous system evaluation, functional improvement measurements, pharmacological assay for medication therapy management, urinalysis and a follow-up visit. On September 10, 2015, utilization review denied a request for CMPD Cyclobenzaprine 2% Flurbiprofen 25% 180 gram cream base and CMPD Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% 180 gram cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Cyclobenzaprine 2%, Flurbiprofen 25% 180 gram cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: The patient presents with cervical spine pain radiating to the right upper extremity, and right shoulder pain. The request is for CMPD: Cyclobenzaprine 2%, Flurbiprofen 25% 180 gram cream base. Physical examination to the cervical spine on 07/28/15 revealed tenderness over the right paraspinals and upper trapezius. Range of motion was noted to be full. Examination to the right shoulder revealed tenderness over the right upper trapezius, rotator cuff, bicipital groove, acromioclavicular joint, and deltoid. Range of motion was limited with pain. Patient's treatments have included medication, image studies, injections, and physical therapy. Per 06/11/15 progress report, patient's diagnosis include right shoulder bursitis, and right shoulder interstitial tear of the supraspinatus tendon. Patient's medications, per 03/06/15 progress report include Omeprazole and Naproxen. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." A prescription for the requested compound cream was first noted in 07/28/15 progress report. Review of the medical records provided did not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Cyclobenzaprine, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request is not medically necessary.

CMPD: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gram cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Topical Analgesics.

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

Decision rationale: The patient presents with cervical spine pain radiating to the right upper extremity, and right shoulder pain. The request is for CMPD: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gram cream base. Physical examination to the cervical spine on 07/28/15 revealed tenderness over the right paraspinals and upper trapezius. Range of motion was noted to be full. Examination to the right shoulder revealed tenderness over the right upper trapezius, rotator cuff, bicipital groove, acromioclavicular joint, and deltoid. Range of motion was limited with pain. Patient's treatments have included medication, image studies, injections, and physical therapy. Per 06/11/15 progress report, patient's diagnosis include right shoulder bursitis, and right shoulder interstitial tear of the supraspinatus tendon. Patient's medications, per 03/06/15 progress report include Omeprazole and Naproxen. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication; no RFA was provided either. Review of the medical records provided did not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Gabapentin, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request is not medically necessary.