

Case Number:	CM15-0195848		
Date Assigned:	10/09/2015	Date of Injury:	09/01/1994
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial injury on 09-01-1994. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for left shoulder arthroscopy in 2013 with subacromial decompression and rotator cuff debridement, prior cervical spine discectomy and fusion C3-C6, and left elbow lateral epicondylar relief "with improvements but now with some radicular pain from the cervical spine". Treatment and diagnostics to date has included TENS (Transcutaneous Electrical Nerve Stimulation) Unit and medications. After review of the progress note dated 06-19-2015, the injured worker reported worsening shoulder pain, stiffness in her neck, and numbness and tingling in her bilateral hands and wrist. Objective findings included cervical spine stiffness, "mild" pain in left lateral epicondyle, and "mild" left shoulder impingement sign. The Utilization Review with a decision date of 09-14-2015 non-certified the request for Flurbiprofen 20%-Lidocaine 5% 150gm, Gabapentin 10%-Amitriptyline 5%-Capsaicin 0.025% 150gm, and Cyclobenzaprine 10%-Lidocaine 2% 150gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5% 150 gram: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury due to cumulative trauma while working as a typist with date of injury in September 1994. She had left shoulder arthroscopic surgery in 1995 and surgery for left shoulder adhesive capsulitis in October 2013. A multilevel cervical fusion was done in July 2009. When seen, she was having ongoing pain at the base of the cervical spine. She had poor tolerance for oral medications. Physical examination findings included decreased cervical spine range of motion with tenderness. There was decreased right upper extremity strength. There was neck pain with Spurling's and with Lhermitte tests. Additional testing was requested and topical compounded creams were prescribed. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and this medication is not medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 150 gram: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury due to cumulative trauma while working as a typist with date of injury in September 1994. She had left shoulder arthroscopic surgery in 1995 and surgery for left shoulder adhesive capsulitis in October 2013. A multilevel cervical fusion was done in July 2009. When seen, she was having ongoing pain at the base of the cervical spine. She had poor tolerance for oral medications. Physical examination findings included decreased cervical spine range of motion with tenderness. There was decreased right upper extremity strength. There was neck pain with Spurling's and with Lhermitte tests. Additional testing was requested and topical compounded creams were prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are

other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

Cyclobenzaprine 10%, Lidocaine 2% 150 gram: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury due to cumulative trauma while working as a typist with date of injury in September 1994. She had left shoulder arthroscopic surgery in 1995 and surgery for left shoulder adhesive capsulitis in October 2013. A multilevel cervical fusion was done in July 2009. When seen, she was having ongoing pain at the base of the cervical spine. She had poor tolerance for oral medications. Physical examination findings included decreased cervical spine range of motion with tenderness. There was decreased right upper extremity strength. There was neck pain with Spurling's and with Lhermitte tests. Additional testing was requested and topical compounded creams were prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.