

Case Number:	CM15-0201729		
Date Assigned:	10/16/2015	Date of Injury:	04/25/1993
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 55-year-old male, with a reported date of injury of 04-25-1993. The diagnoses include left shoulder impingement syndrome, acute left shoulder rotator cuff syndrome, and stress reaction. Treatments and evaluation to date have included Norco (since at least 04-2015), Soma (since at least 05-2015), Naprosyn, physical therapy, acupuncture, Prilosec, and Flurbiprofen pain cream (since at least 08-2015). The diagnostic studies to date have included a urine drug screen on 06-27-2013 with consistent findings. The progress report dated 08-21-2015 indicates that the injured worker's condition has been deemed permanent and stationary. He presented for follow-up of his work-related injury to his left shoulder. The injured worker complained of burning and aching pain in the left shoulder with spasm and discomfort as well as limited motion. He rated his left shoulder pain (06-19-2015 and 08-21-2015) 9 out of 10. The injured worker also complained of pain in the fingers of the left hand, which was rated (06-19-2015 and 08-21-2015) 5 out of 10, and was associated with pins and needle sensation. The objective findings include no acute distress, tenderness to the left shoulder acromioclavicular joint, painful reduced range of motion of the left shoulder, forward flexion of the left shoulder at 120 degrees, left shoulder abduction at 95 degrees, external and internal rotation of the left shoulder at 35 degrees, decreased grip strength, weakness with motor power, and positive impingement sign and Neer's sign. The treatment plan included a prescription for Norco, one every 8 hours as needed for severe pain, Soma, one twice a day for spasm, and Flurbiprofen 20%-Baclofen 2%-Cyclobenzaprine 2%-Gabapentin 6%-Lidocaine 5% cream 180 grams, to apply a thin layer to affected area for neuropathic pain. It was noted that the injured

worker remained permanent and stationary. The request for authorization was dated 08-21-2015. The treating physician requested compound cream 20%-2%-2%-5%, Soma 350mg #60, and Norco 10-325mg #80. On 09-16-2015, Utilization Review (UR) non-certified the request for compound cream 20%-2%-2%-5%, Soma 350mg #60, and Norco 10-325mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream 20%/2%/2%/5%: 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): Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: This request for compounded cream contains the ingredients Flurbiprofen, baclofen, cyclobenzaprine, gabapentin, and lidocaine. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical Flurbiprofen is not an FDA approved formulation. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound cream 20%/2%/2%/5% is determined to not be medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case, the injured worker has been prescribed this medication since at least 12/2014 without an explanation for deviating from the recommendations of the guidelines. therefore, the request for Soma 350mg #60 is determined to not be medically necessary.

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco for an extended period of time without objective documentation of significant pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #80 is determined to not be medically necessary.