

Case Number:	CM15-0207167		
Date Assigned:	10/23/2015	Date of Injury:	11/05/2014
Decision Date:	12/04/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on November 5, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having 23. Treatment to date has included medication. On August 10, 2015, the injured worker was noted to be seen for severe pain about his neck and back. Physical examination revealed significant Spurling maneuver bilaterally, particularly with reproduction of pain about the right medial border of the scapula. On the day of exam, he was dispensed a starter pack consisting of a combination of cyclobenzaprine-lidocaine and flurbiprofen-lidocaine, gabapentin-amitriptyline-capsaicin. He was also placed on a Medrol Dosepak, provided with Ultram and provided with Restoril. On September 18, 2015, utilization review denied a retrospective request for Flurbiprofen-Lidocaine, Gabapentin-Amitriptyline-Capsaicin and Cyclobenzaprine-Lidocaine for date of service August 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Lidocaine for DOS 8/10/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Flurbiprofen/lidocaine date of service August 10, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are status post right shoulder arthroscopy, rotator cuff repair stable, with potential minimal partial tear on the bursal surface; status post arthroscopic repair, subacromial decompression and Mumford procedure March 2007; and cervical this disease with mild interscapular radiculopathy on the right. The date of injury is November 5, 2014. Request for authorization is August 10, 2015. The medical record contains 25 pages. According to an August 10, 2015 progress note, subjective complaints include neck and back pain. Objectively, shoulder examination is notable for bilateral range of motion with negative impingement. There was no cervical or lumbar spine examination. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. The anatomical location for the application of the topical analgesic is not specified. Flurbiprofen is not FDA approved for topical use. Topical lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, retrospective Flurbiprofen/lidocaine is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Flurbiprofen/lidocaine date of service August 10, 2015 is not medically necessary.

Retrospective Gabapentin/Amitriptyline/Capsaicin for DOS 8/10/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective gabapentin/amitriptyline/capsaicin date of service August 10, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working

diagnoses are status post right shoulder arthroscopy, rotator cuff repair stable, with potential minimal partial tear on the bursal surface; status post arthroscopic repair, subacromial decompression and Mumford procedure March 2007; and cervical this disease with mild interscapular radiculopathy on the right. The date of injury is November 5, 2014. Request for authorization is August 10, 2015. The medical record contains 25 pages. According to an August 10, 2015 progress note, subjective complaints include neck and back pain. Objectively, shoulder examination is notable for bilateral range of motion with negative impingement. There was no cervical or lumbar spine examination. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. The anatomical location for the application of the topical analgesic is not specified. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Capsaicin strength is 0.025%. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (gabapentin) that is not recommended is not recommended. Consequently, retrospective gabapentin/amitriptyline/capsaicin is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective gabapentin/amitriptyline/capsaicin date of service August 10, 2015 is not medically necessary.

Retrospective Cyclobenzaprine/Lidocaine for DOS 8/10/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective cyclobenzaprine/lidocaine date of service August 10, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured workers working diagnoses are status post right shoulder arthroscopy, rotator cuff repair stable, with potential minimal partial tear on the bursal surface; status post arthroscopic repair, subacromial decompression and Mumford procedure March 2007; and cervical this disease with mild interscapular radiculopathy on the right. The date of injury is November 5, 2014. Request for authorization is August 10, 2015. The medical record contains 25 pages. According to an August 10, 2015 progress note, subjective complaints include neck and back pain. Objectively, shoulder examination is notable for bilateral range of motion with negative impingement. There was no cervical or lumbar spine examination. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. Cyclobenzaprine topical is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine and Lidocaine in non-Lidoderm) that is not recommended is not recommended. Consequently, retrospective cyclobenzaprine/lidocaine is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective cyclobenzaprine/lidocaine date of service August 10, 2015 is not medically necessary.