

<b>Case Number:</b>	CM15-0025505		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Georgia  
 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 60 year old male, who sustained an industrial injury on June 9, 2011. He has reported left shoulder and neck pain and stiffness. The diagnoses have included cervical pain, shoulder impingement, lateral epicondylitis, cervical sprain/strain and shoulder sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, conservative therapies, pain medications, work restrictions and treatment modalities. Currently, the IW complains of left shoulder and neck pain with stiffness and a decreased range of motion. The injured worker reported an industrial injury in 2011, resulting in chronic neck and shoulder pain with associated decreased range of motion. He was noted to have been conservatively and surgically treated with no resolution of the pain. On October 20, 2014, evaluation revealed continued pain and stiffness. The plan was to try a TENS unit, renew and adjust pain medications and to obtain a urinary drug screen to monitor medication compliancy. On December 12, 2014, evaluation revealed continued pain. Medications were renewed and physical therapy and trigger point injections were requested. On February 3, 2015, Utilization Review non-certified a request for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%, Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% apply thin layer and Capsaicin 0.025%, Menthyl Salicylate 25%, Menthol 10% Lidocaine 2.5% TID/QID, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of the above requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4% apply thin layer 3-4 times a day:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Flurbiprofen is not FDA approved for topical application. Additionally, Lidocaine other than in topical patch formulation carries a high risk of adverse events and its use should be avoided. Flurbiprofen/lidocaine/amitriptyline is not medically indicated.

**Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% apply thin layer 2-3 times a day:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Gabapentin and muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. As such, the request for gabapentin/cyclobenzaprine/tramadol is not medically necessary and the original UR decision is upheld.

**Capsaicin 0.025%, Menthyl Salicylate 25%, Menthol 10% Lidocaine 2.5% TID/QID:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen

in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Methyl salicylate which, as a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Additionally, Lidocaine other than in topical patch formulation carries a high risk of adverse events and its use should be avoided. As such, capsaicin/methyl salicylate/menthol/lidocaine cream is not medically necessary and the original UR decision is upheld.