

Case Number:	CM15-0218345		
Date Assigned:	11/10/2015	Date of Injury:	03/29/2014
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, California

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:

This is a 45 year old female patient who sustained an industrial injury on 09-29-14. She sustained the injury while loading boxes. The diagnoses include bilateral shoulder, hand, and wrist sprain-strain, bilateral rotator cuff syndrome, left wrist sprain-strain, insomnia, anxiety, and depression. Per the doctor's note dated 10/22/15, she had complaints of bilateral shoulder pain, bilateral wrist pain, right hand pain, left hand pain, as well as insomnia, anxiety, and depression. Per the doctor's note dated 09-10-15, she had complains of bilateral shoulder pain rated at 4-8/10, bilateral wrist pain rated at 2 to 6-7/10, right hand pan rated at 7-8/10, left hand pain rated at 3-4 to 6/10, as well as insomnia, anxiety, and depression. The physical exam (09-10-15) revealed tenderness in the right shoulder, bilateral wrists and hands, right shoulder range of motion decreased and impingement and supraspinatus tests positive in the right shoulder. The medications list includes Anaprox, Prilosec, cyclobenzaprine and Tramadol-acetaminophen. She had left wrist and left hand MRI on 7/13/15; MRI right hand dated 7/13/15; MRI left shoulder dated 7/13/15. Prior treatment includes 15 acupuncture sessions and 15 physical therapy sessions. The original utilization review (10-06-15) non-certified the request for a topical compound consisting of Tramadol 3%-Capsaicin 0.0375%-Menthol 5%-Camphor 2%-Gabapentin 10%-Cyclobenzaprine 4%-Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%. The documentation supports that the injured worker has been using this topical cream since at least 06-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4%, Flurbiprofen 20%, Lidocaine 5% and Amitriptyline 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): Topical Analgesics.

Decision rationale: Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4%, Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%. Flurbiprofen is a NSAID, cyclobenzaprine is a muscle relaxant and Gabapentin is anticonvulsant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs; There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, cyclobenzaprine and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10%, Cyclobenzaprine 4%, Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% is not fully established for this patient. The request is not medically necessary.