

Case Number:	CM15-0032694		
Date Assigned:	02/26/2015	Date of Injury:	05/16/2012
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on May 16, 2012. She has reported right shoulder and wrist injuries. Her diagnoses include wrist carpal tunnel syndrome and status post right shoulder surgery. She has been treated with physical therapy, acupuncture, MRI, x-rays, and compound medications including oral and topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 10, 2014, her treating physician reports right shoulder pain of 9/10 and bilateral wrist pain with muscle spasms, numbness, tingling, and weakness radiating to the hands and fingers, rated 5/10. Her medications help temporarily. The physical exam revealed a well-healed scar of the right shoulder, tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle, decreased rom, and positive Neer's sign. There was tenderness to palpation over the right carpal bones, over the thenar eminence, and hypothenar eminence. There was decreased rom, decreased sensation to pinprick and light touch at the cervical 5-thoracic1, and normal motor strength. On February 20, 2015, the injured worker submitted an application for IMR for review of prescriptions for compound medication: capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2%; 180 grams and compound medication: cyclobenzaprine 2% and flurbiprofen 25%; 180 grams. The compound medication: capsaicin, flurbiprofen, gabapentin, menthol, and camphor and compound medication: cyclobenzaprine and flurbiprofen were non-certified based on the insufficient large-scale, randomized, controlled references showing the safety and efficacy of theses requested topical creams. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 05/16/12 and presents with pain in her right shoulder and right wrist. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%, 80 GRAMS. The RFA is dated 01/06/15 and the patient is temporarily totally disabled as from 04/10/14 to 05/08/14. The report with the request is not provided. MTUS has the following regarding topical creams (page 111, chronic pain section), Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. The patient has right shoulder pain and bilateral wrist pain with muscle spasms, numbness, tingling, and weakness radiating to the hands and fingers. The physical exam revealed a well-healed scar of the right shoulder, tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle, decreased rom, and a positive Neer's sign. There is tenderness to palpation over the right carpal bones, over the thenar eminence, and hypothenar eminence. There is decreased rom, decreased sensation to pinprick and light touch at the cervical 5-thoracic1, and normal motor strength. Her diagnoses include wrist carpal tunnel syndrome and status post right shoulder surgery. MTUS further states: Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Since Gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen and capsaicin. The requested compounded medication IS NOT medically necessary.

Cyclobenzaprine 2%, flurbiprofen 25% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 05/16/12 and presents with pain in her right shoulder and right wrist. The request is for CYCLOBENZAPRINE 2%, FLURBIPROFEN 25% 180 GRAMS. The RFA is dated 01/06/15 and the patient is temporarily totally disabled as from 04/10/14 to 05/08/14. The report with the request is not provided. MTUS has the following regarding topical creams (page 111, chronic pain section): Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. The patient has right shoulder pain and bilateral wrist pain with muscle spasms, numbness, tingling, and weakness radiating to the hands and fingers. The physical exam revealed a well-healed scar of the right shoulder, tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle, decreased rom, and a positive Neer's sign. There is tenderness to palpation over the right carpal bones, over the thenar eminence, and hypothenar eminence. There is decreased rom, decreased sensation to pinprick and light touch at the cervical 5-thoracic1, and normal motor strength. Her diagnoses include wrist carpal tunnel syndrome and status post right shoulder surgery. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, Cyclobenzaprine is not indicated in a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.