

Case Number:	CM15-0044948		
Date Assigned:	03/16/2015	Date of Injury:	04/26/2010
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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 female, who sustained an industrial injury on 4/26/10. She reported pain in neck, shoulders, arms, hands, wrists and fingers. The injured worker was diagnosed as having cervical spine musculoligamentous strain/sprain, cervical spine disc disease, right shoulder strain/sprain, right shoulder impingement syndrome and right shoulder bursitis, left shoulder strain/sprain, status post right shoulder arthroscopic surgery, bilateral elbow strain/strain, lateral epicondylitis, bilateral wrist strain/sprain, bilateral wrist carpal tunnel syndrome, insomnia and depression/anxiety. Treatment to date has included right shoulder arthroscopic surgery, physical therapy, oral medications including Tramadol and topical cream. Currently, the injured worker complains of pain in neck, bilateral shoulders/arms and pain and numbness in the bilateral wrists/hands. The injured worker states her right shoulder /arm pain has decreased, left shoulder /arm and right wrist/hand has remained the same and left wrist/hand has increased. The treatment plan is to hold physical therapy and continue Tramadol and topical creams at this time.

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 5%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. 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, Flurbiprofen 20%, lidocaine 5%, and amitriptyline 5% 180g 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 with a cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain exacerbation; cervical spine disc disease; right shoulder sprain/strain; right shoulder impingement syndrome; right shoulder bursitis; status post right shoulder arthroscopy; left shoulder strain/sprain; bilateral elbow sprain/strain, lateral epicondylitis; bilateral wrist sprain/strain; bilateral wrist carpal tunnel syndrome; history toxic exposure and elevated blood pressure; insomnia and depression and anxiety. The treating physician prescribed tramadol. The physician's indication for the topical analgesics was to avoid complications associated with narcotic medications. Tramadol is an opiate. Additionally, there is no documentation of a failed trial with antidepressants and anticonvulsants as a first line treatment. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen and lidocaine in cream form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, lidocaine 5%, and amitriptyline 5% 180 g is not recommended. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, lidocaine 5%, and amitriptyline 5% 180 g is not medically necessary.

Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. 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, topical gabapentin 10%, cyclobenzaprine 6% and tramadol 10% #180g 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. Gabapentin topical is not recommended. Cyclobenzaprine topical is not recommended. In this case, the injured

workers working diagnoses are cervical spine musculoligamentous sprain/strain exacerbation; cervical spine disc disease; right shoulder sprain/strain; right shoulder impingement syndrome; right shoulder bursitis; status post right shoulder arthroscopy; left shoulder strain/sprain; bilateral elbow sprain/strain, lateral epicondylitis; bilateral wrist sprain/strain; bilateral wrist carpal tunnel syndrome; history toxic exposure and elevated blood pressure; insomnia and depression and anxiety. The treating physician prescribed tramadol. One of the indications for the topical analgesics was to avoid complications associated with narcotic medications. Tramadol is an opiate. Additionally, there is no documentation of a failed trial with antidepressants and anticonvulsants as a first line treatment. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin and topical cyclobenzaprine) that is not recommended is not recommended. Consequently, topical gabapentin 10%, cyclobenzaprine 6% and tramadol 10% #180 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical gabapentin 10%, cyclobenzaprine 6% and tramadol 10% #180g is not medically necessary.