

Case Number:	CM15-0046866		
Date Assigned:	03/19/2015	Date of Injury:	03/01/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female who sustained an industrial injury on March 1, 2013. She has reported bilateral shoulder pain and has been diagnosed with status post right shoulder arthroscopic subacromial decompression, labral debridement, biceps tenodesis, rotator cuff repair, residual right shoulder pain with range of motion limitations, and left shoulder subacromial impingement syndrome with probable SLAP lesion. Treatment has included surgery, medications, and physical therapy. Currently the injured worker complains of constant left shoulder pain and intermittent cervical spine pain. The treatment plan included compound transdermal cream-cyclobenzaprine, gabapentin, and flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Transdermal Cream- Cylcobenzaprine, 3 day and 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti Inflammatory Agents. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compounds.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, methyl salicylate, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including cyclobenzaprine have any efficacy. For this reason, this request for topical cyclobenzaprine is not medically necessary.

Compound Transdermal Cream- Gabapentin, 3 day and 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti Inflammatory Agents. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compounds.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, methyl salicylate, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including gabapentin have any efficacy. For this reason, this request for topical gabapentin is not medically necessary.

Compound Transdermal Cream - Flurbiprofen 3 day and 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti Inflammatory Agents. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compounds.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, methyl salicylate, or capsaicin. Regarding topical anti-inflammatory medications, the California MTUS indicates that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Considering the guideline recommendations and the injured employee's complaint of shoulder pain, this request for topical flurbiprofen is not medically necessary.