

Case Number:	CM15-0050544		
Date Assigned:	03/24/2015	Date of Injury:	01/07/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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 47-year-old male, who sustained a work/ industrial injury on 1/7/14. He has reported initial symptoms of left shoulder pain and lumbar pain. The injured worker was diagnosed as having left shoulder superior glenoid labral tear with arthroscopy and repair 11/13/14 and right lumbar strain/sprain. Treatments to date included medications, physical therapy, diagnostics, steroid injection, and surgery. Currently, the injured worker complains of an occasional sharp pain in the anterior left shoulder. There was also dull lumbar pain at the center of the low back with radiation to the right buttock. Medications included Naprosyn, Omeprazole, and topical creams. Treatment plan included Chiropractic sessions 2x4 lumbar spine, UltraFlex-G cream, and FlurLido-A cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient was injured on 01/07/14 and presents with left shoulder pain and low back pain with radiation to the right buttock. The request is for CHIROPRACTIC SESSIONS 2 X 4 LUMBAR SPINE. The RFA is dated 02/09/15 and the patient is to return to modified work on 02/04/15 with the following limitations: may lift/carry up to 5 lbs, no use above shoulder level, and pushing/pulling up to 10 lbs. The report with the request is not provided. There is no indication of any prior chiropractic sessions the patient may have had. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The patient has an occasional sharp pain in the anterior left shoulder with abduction external rotation; He is diagnosed with left shoulder pain and is s/p left shoulder arthroscopy, repair of labral tear (11/13/14). There is no documentation of the patient having a trial of 3 to 6 chiropractic sessions. Therefore, the requested 8 chiropractic sessions for the lumbar spine IS NOT medically necessary.

UltraFlex-G cream (Gabapentin 10% Cyclobenzaprine 6%, Tramadol 10% 240gm):
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 01/07/14 and presents with left shoulder pain and low back pain with radiation to the right buttock. The request is for ULTRAFLEX-G CREAM (GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%) 240 GM. The RFA is dated 02/09/15 and the patient is to return to modified work on 02/04/15 with the following limitations: may lift/carry up to 5 lbs, no use above shoulder level, and pushing/pulling up to 10 lbs. The report with the request is not provided. MTUS guidelines have the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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... Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. There is no support for tramadol as a topical compound either. There is lack of evidence that topical tramadol can help chronic pain. The patient has an occasional sharp pain in the anterior left shoulder with abduction external rotation; He is diagnosed with left shoulder pain and is s/p left shoulder arthroscopy, repair of labral tear (11/13/14). MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. Neither Gabapentin, Cyclobenzaprine, nor

Tramadol are indicated for use as a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.

FlurLido-A cream (Flurbiprofen 20% Lidocaine 5%, Amitriptyline 5%) 240 gm: 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 01/07/14 and presents with left shoulder pain and low back pain with radiation to the right buttock. The request is for FLURLIDO-A CREAM (FLURBIPROFEN 20%, LIDOCAINE 5%, AMITRIPTYLINE 5%) 240 GM. The RFA is dated 02/09/15 and the patient is to return to modified work on 02/04/15 with the following limitations: may lift/carry up to 5 lbs, no use above shoulder level, and pushing/pulling up to 10 lbs. 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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient has an occasional sharp pain in the anterior left shoulder with abduction external rotation; He is diagnosed with left shoulder pain and is s/p left shoulder arthroscopy, repair of labral tear (11/13/14). MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither Amitriptyline nor Lidocaine (in a non-patch form) is indicated for use as a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.