

Case Number:	CM15-0058979		
Date Assigned:	04/03/2015	Date of Injury:	07/31/2013
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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 52 year old female who sustained an industrial injury on 7/31/2013. Her diagnoses, and/or impressions, include: cervical spine sprain/strain; right shoulder rotator cuff tear; status-post right wrist carpal tunnel release surgery with residual pain; and right shoulder tendinosis, bursitis, and osteoarthopathy. Recent magnetic resonance imaging studies of the right shoulder and right wrist are noted on 9/19/2014. Her treatments have included acupuncture treatments for the cervical spine; shock-wave therapy for the right shoulder; and medication management. The progress notes of 1/19/2015, shows her presenting in follow-up with complaints of burning, radicular neck pain and muscle spasms, associated with numbness and tingling of the bilateral upper extremities, aggravated by movement and relieved by medication. Additional complaints include sharp radiating shoulder pain, down into the arm and fingers, aggravated by activity and relieved with medication; and residual right wrist pain, status-post surgery, that is relieved by medication. The physician's requests for treatments included 2 compound topical creams, Cyclobenzaprine/Flurbiprofen and Capsaicin/Flurbiprofen/ Gabapentin/Menthol/Camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 25% 3 times a day 180gm quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111-113.

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

Decision rationale: The patient presents on 01/19/15 burning neck pain rated 7/10 which radiates into the bilateral upper extremities with associated numbness and tingling. Patient also complains of right shoulder pain rated 7-8/10 which radiates into the right upper extremity, and right wrist pain rated 7/10. The patient's date of injury is 07/31/13. Patient is status post right carpal tunnel release at a date unspecified. The request is for CYCLOBENZAPRINE 2%, FLURBIPROFEN 25% 3 TIMES A DAY 180GM QUANTITY 2. The RFA was not provided. Physical examination dated 01/19/15 reveals tenderness to palpation of the cervical spine with spasms noted, reduced range of cervical motion in all planes, and positive maximal foraminal compression test on the right side. Right shoulder examination reveals tenderness to palpation of the trapezius muscles, bicipital groove, levator scapulae, and supraspinatus muscles. Right shoulder range of motion is decreased in all planes, especially on internal rotation. Right wrist examination reveals a well healed surgical incision, tenderness to palpation of the medial joint, reduced range of motion in all planes, and positive Tinel's and Phalen's signs. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, and Synapryn. Diagnostic imaging was not included. Per 01/19/15 progress note, patient is classified to remain temporarily totally disabled until 02/19/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Flurbiprofen and Cyclobenzaprine; the requested cream contains ingredients which are not supported by guidelines as topical agents. Cyclobenzaprine is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 3 times a day 180gm quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/14985268>, <http://www.ncbi.nlm.nih.gov/pubmed/16192383>.

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

Decision rationale: The patient presents on 01/19/15 burning neck pain rated 7/10 which radiates into the bilateral upper extremities with associated numbness and tingling. Patient also complains of right shoulder pain rated 7-8/10, which radiates into the right upper extremity, and right wrist pain rated 7/10. The patient's date of injury is 07/31/13. Patient is status post right carpal tunnel release at a date unspecified. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 3 TIMES A DAY 180GM QUANTITY 1. The RFA was not provided. Physical examination dated 01/19/15 reveals tenderness to palpation of the cervical spine with spasms noted, reduced range of cervical motion in all planes, and positive maximal foraminal compression test on the right side. Right shoulder examination reveals tenderness to palpation of the trapezius muscles, bicipital groove, levator scapulae, and supraspinatus muscles. Right shoulder range of motion is decreased in all planes, especially on internal rotation. Right wrist examination reveals a well healed surgical incision, tenderness to palpation of the medial joint, reduced range of motion in all planes, and positive Tinel's and Phalen's signs. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, and Synapryn. Diagnostic imaging was not included. Per 01/19/15 progress note, patient is classified to remain temporarily totally disabled until 02/19/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Gabapentin, Capsaicin, Flurbiprofen, Menthol, and Camphor; the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.