

Case Number:	CM15-0060860		
Date Assigned:	04/07/2015	Date of Injury:	07/10/2011
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old female who sustained an industrial injury on 7/10/2011. Her diagnoses, and/or impressions, include: left shoulder pain and impingement, status-post left shoulder surgery on 5/9/13, with no improvement; rule-out left shoulder rotator cuff tear (12/4/14); cervical sprain/strain with possible left cervical facet pain, possible cervical discogenic pain, and probable referred pain from the left shoulder; and left upper extremity pain, probable referred pain from the left shoulder. No current magnetic resonance imaging studies are noted. Her treatments have included chiropractic physical therapy and acupuncture (4/2012); home exercise program; and medication management that provide a > 50% relief. The progress notes of 2/5/2015, shows complaints of persistent left shoulder radiating pain and impingement, down into the elbow and up the left-side of the neck; and constant left-sided neck pain with occasional headache, possibly referred pain from the left shoulder. The physician's requests for treatments included Ultraflex-G and Flurlido-A, because her previous, equivalent, medications were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraflex-G #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112-113.

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

Decision rationale: Ultraflex-G #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Topical Gabapentin is not recommended. The guidelines state that there is no peer-reviewed literature to support use. The MTUS does not support muscle relaxants such as Cyclobenzaprine which is contained in Ultraflex-G. Additionally, there is no support found in the MTUS for topical Tramadol. The MTUS states that there are many agents that are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids) but there is little evidence to support them for topical use. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contains multiple drugs not supported for topical use by the MTUS. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations therefore this request is not medically necessary.

Flurido-A #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112-113.

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

Decision rationale: Flurido-A #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in 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. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The guidelines do not specifically discuss Amitryptiline but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical NSAIDs for spine or shoulder pain. The MTUS does not support topical Lidocaine for neuropathic pain and there is no evidence for support of Amitryptiline. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations therefore this request is not medically necessary.

