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| Case Number: | CM15-0062543 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 06/02/2005 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 04/02/2015 |

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:

This 49-year-old woman sustained an industrial injury on 6/2/2005. The mechanism of injury is not detailed. Diagnoses include disorders of the bursae and tendons in shoulder region and cervical spine radiculopathy. Treatment has included oral medications. Physician notes dated 11/20/2014 show complaints of neck and shoulder pain. Recommendations include continue self-directed therapy interventions, home exercise program, H-wave trail, physical therapy, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% 30 gram cream to neck and left shoulder prescribed on 2/25/2015: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/25/15 with unspecified complaints, the stated reason for the encounter is a scheduled follow-up. The patient's date of injury is 06/02/05. Patient has no documented surgical history. The request is for retrospective flurbiprofen 20% 30 gram cream to neck and left shoulder prescribed 02/25/15. The RFA is dated 03/16/15. Progress note dated 02/25/15 does not include any physical findings, only a review of systems and cervical MRI dated 11/08/13 noting multilevel degenerative disc changes, however, the associated MRI was not provided for review. The provider also notes unspecified imaging of the left shoulder dated 05/29/09 as showing changes consistent with impingement, however, the associated imaging was not provided for review. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the topical cream containing Flurbiprofen, the requested cream is not indicated for spine or shoulder complaints. MTUS guidelines support topical NSAIDs such as Flurbiprofen for peripheral joint complaints, however the guidelines indicate that such creams have no proven efficacy when used for spinal or shoulder complaints. The request as written specifies that this cream is to be applied to the neck and shoulder. As topical NSAIDs are not supported for use on these body areas, the medical necessity of this medication cannot be substantiated. The request is not medically necessary.

Retrospective Gabapentin 10% 30 gram cream to neck and left shoulder prescribed on 2/25/2015: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/25/15 with unspecified complaints, the stated reason for the encounter is a scheduled follow-up. The patient's date of injury is 06/02/05. Patient has no documented surgical history. The request is for retrospective gabapentin 10% 30 gram cream to the neck and left shoulder prescribed 02/25/15. The RFA is dated 03/16/15. Progress note dated 02/25/15 does not include any physical findings, only a review of systems and cervical MRI dated 11/08/13 noting multilevel degenerative disc changes, however, the associated MRI was not provided for review. The provider also notes unspecified imaging of the left shoulder dated 05/29/09 as showing changes consistent with impingement, however, the associated imaging was not provided for review. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working. 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." MTUS page 113, under Gabapentin (topical) states: "Not recommended. There is no peer-reviewed literature to support use." In regard to the topical cream containing Gabapentin, 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 specify that any cream, which contains an unsupported ingredient, is not indicated. Therefore, the request is not medically necessary.

Retrospective Cyclobenzaprine 10% 30 gram cream to neck and left shoulder prescribed on 2/25/2015: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/25/15 with unspecified complaints, the stated reason for the encounter is a scheduled follow-up. The patient's date of injury is 06/02/05. Patient has no documented surgical history. The request is for retrospective cyclobenzaprine 10% 30 gram cream to neck and left shoulder prescribed 02/25/15. The RFA is dated 03/16/15. Progress note dated 02/25/15 does not include any physical findings, only a review of systems and cervical MRI dated 11/08/13 noting multilevel degenerative disc changes, however, the associated MRI was not provided for review. The provider also notes unspecified imaging of the left shoulder dated 05/29/09 as showing changes consistent with impingement, however, the associated imaging was not provided for review. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working. 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." MTUS page 113 under Other Muscle Relaxants states: "There is no evidence for use of any other muscle relaxant as a topical product." In regard to the compounded cream containing 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 specify that any cream, which contains an unsupported ingredient, is not indicated. Therefore, the request is not medically necessary.