

Case Number:	CM15-0085072		
Date Assigned:	05/07/2015	Date of Injury:	04/24/2014
Decision Date:	06/30/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	05/04/2015

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 49 year old female, who sustained an industrial injury on April 24, 2014. She reported right shoulder and right wrist pain. The injured worker was diagnosed as having right shoulder rotator cuff tear, internal derangement, pain, sprain/strain, rule out right shoulder impingement syndrome, right carpal tunnel syndrome, and right de Quervain's disease, right wrist internal derangement, strain, sprain/strain and partial thickness tear at the ulnar attachment. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of right shoulder and wrist pain with associated tingling, numbness and stiffness, worse with cold weather. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 13, 2014, revealed continued pain as noted. Reports for nerve conduction studies and radiographic imaging of the shoulder were pending. Evaluation on January 5, 2015, revealed continued pain as noted. Physical therapy and acupuncture were continued. Evaluation on February 16, 2015, revealed continued pain as noted. Physical therapy and acupuncture sessions were continued. Twelve sessions of each had been completed. She was referred to orthopedics to possibly discuss invasive interventions. Topical and oral medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with pain to right shoulder, right wrist and right knee, rated 7-8/10. The request is for RETRO CYCLOBENZAPRINE 7.5MG. RFA not provided. Patient's diagnosis on 01/08/15 included right rotator cuff tear, right shoulder internal derangement, right shoulder pain, right shoulder sprain/strain, right wrist internal derangement, right wrist pain, and right wrist sprain/strain. Physical examination to the right shoulder on 01/08/15 revealed tenderness to palpation to AC joint, anterior, lateral and posterior shoulder. Positive supraspinatus press. Examination of the right wrist revealed tenderness to dorsal, lateral, medial and volar wrist. Positive Finkelstein's. Treatment to date has included imaging and diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Patient's medications include Cyclobenzaprine, Naproxen Sodium, Pantoprazole, Norco, and topical creams, per 03/12/15 report. The patient is temporarily totally disabled, per 02/16/15 report. Treatment reports were provided from 10/02/14 - 03/12/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Quantity nor frequency are noted on the request. Cyclobenzaprine #90 is first noted to have been dispensed per progress report dated 03/12/15. It appears medication is being initiated. In this case, treater has not provided reason for the request, nor documented aim of use, potential benefits and side effects, as required by guidelines when initiating medications. Furthermore, guidelines recommend Cyclobenzaprine only for a short period of no more than 2-3 weeks. The dispensed quantity 90 does not indicate intended short-term use of this medication. The request is not in accordance with guidelines. Therefore, this retrospective request IS/WAS NOT medically necessary.

Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8738567>.

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

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with pain to right shoulder, right wrist and right knee, rated 7-8/10. The request is for FLURBIPROFEN 20% BACLOFEN 5% DEXAMETHASONE 2% MENTHOL 2%. RFA not provided. Patient's diagnosis on 01/08/15 included right rotator cuff tear, right shoulder internal derangement, right shoulder pain, right shoulder sprain/strain, right wrist internal derangement, right wrist pain, and right wrist sprain/strain. Physical examination to the right shoulder on 01/08/15 revealed tenderness to palpation to AC joint, anterior, lateral and posterior shoulder . Positive supraspinatus press. Examination of the right wrist revealed tenderness to dorsal, lateral, medial and volar wrist. Positive Finkelstein's. Treatment to date has included imaging and diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Patient's medications include Cyclobenzaprine, Naproxen Sodium, Pantoprazole, Norco, and topical creams, per 03/12/15 report. The patient is temporarily totally disabled, per 02/16/15 report. Treatment reports were provided from 10/02/14 - 03/12/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% has been dispensed per progress reports dated 04/24/14 and 03/12/15. Per 03/12/15 report, treater states medical creams are "... medically necessary to decrease pain and inflammation." Treater has not indicated body part that would be addressed with the requested topical. The patient has been on this topical cream for more than a year. Treater does not discuss its efficacy and how it has been or is to be used. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.

Camphor 2% Capsaicin 0.025% in cream base 210 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/24547599>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics Capsaicin, topical Page(s): 111-113, 29.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with pain to right shoulder, right wrist and right knee, rated 7-8/10. The request is for CAMPHOR 2% CAPSAICIN 0.025% IN CREAM BASE 210 GRAM. RFA not provided. Patient's diagnosis on 01/08/15 included right rotator cuff tear, right shoulder internal derangement, right shoulder pain, right shoulder sprain/strain, right wrist internal derangement, right wrist pain, and right wrist sprain/strain. Physical examination to the right shoulder on

01/08/15 revealed tenderness to palpation to AC joint, anterior, lateral and posterior shoulder . Positive supraspinatus press. Examination of the right wrist revealed tenderness to dorsal, lateral, medial and volar wrist. Positive Finkelstein's. Treatment to date has included imaging and diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Patient's medications include Cyclobenzaprine, Naproxen Sodium, Pantoprazole, Norco, and topical creams, per 03/12/15 report. The patient is temporarily totally disabled, per 02/16/15 report. Treatment reports were provided from 10/02/14 - 03/12/15.MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS, pg 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Camphor 2% Capsaicin 0.025% in cream base 210 grams has been dispensed per progress reports dated 04/24/14 and 03/12/15. Per 03/12/15 report, treater states medical creams are "... medically necessary to decrease pain and inflammation." Treater has not indicated body part that would be addressed with the requested topical. In this case, the patient does not present with fibromyalgia, osteoarthritis, and nonspecific low back pain for which this topical medication would be indicated. Furthermore, the patient has been on this topical cream more than a year. The treater does not discuss its efficacy and how it has been or is to be used. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16202956>.

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

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with pain to right shoulder, right wrist and right knee, rated 7-8/10. The request is for GABAPENTIN 10% AMITRIPTYLINE 10% BUPIVACAINE 5% IN CREAM BASE 210 GRAMS. RFA not provided. Patient's diagnosis on 01/08/15 included right rotator cuff tear, right shoulder internal derangement, right shoulder pain, right shoulder sprain/strain, right wrist internal derangement, right wrist pain, and right wrist sprain/strain. Physical examination to the right shoulder on 01/08/15 revealed tenderness to palpation to AC joint, anterior, lateral and posterior shoulder. Positive supraspinatus press. Examination of the right wrist revealed tenderness to dorsal, lateral, medial and volar wrist. Positive Finkelstein's. Treatment to date has included imaging and diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Patient's medications include Cyclobenzaprine, Naproxen Sodium, Pantoprazole,

Norco, and topical creams, per 03/12/15 report. The patient is temporarily totally disabled, per 02/16/15 report. Treatment reports were provided from 10/02/14 - 03/12/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 210 grams has been dispensed per progress reports dated 04/24/14 and 03/12/15. Per 03/12/15 report, treater states medical creams are "... medically necessary to decrease pain and inflammation." Treater has not indicated body part that would be addressed with the requested topical. The patient has been on this topical cream for more than a year. Treater does not discuss its efficacy and how it has been or is to be used. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.