

Case Number:	CM15-0085772		
Date Assigned:	05/07/2015	Date of Injury:	09/02/2014
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old man sustained an industrial injury on 9/2/2014 when he fell backwards striking his head. Diagnoses include blurred vision, dizziness, cervical disc protrusion, cervical myospasm, cervical pain, cervical strain/sprain, thoracic muscle spasm, thoracic sprain/strain, lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain, bilateral shoulder impingement syndrome, bilateral shoulder sprain/strain, and bilateral shoulder tenosynovitis. Treatment has included oral medications. Physician notes on a PR-2 dated 3/24/2015 show complaints of intermittent headaches with eyes burning, constant neck pain, constant mid, upper and low back pain, and constant bilateral shoulder pain. Recommendations include Naproxen, Cyclobenzaprine, Pantoprazole, two topical compounded creams, urine drug screen, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 percent/Baclofen 5 percent/Dexamethasone 2 percent/Menthol 2 percent/Camphor 2 percent/Capsaicin 0.025 percent in cream base 240 grams: 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 (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for headaches, bilateral shoulder pain, and pain throughout the spine. When seen, there was decreased and painful multilevel spinal range of motion and tenderness. Cervical compression testing and straight leg raise testing were positive. There was decreased shoulder range of motion with tenderness. Treatments had included physical therapy and acupuncture. He was referred for further evaluations. Topical medications are being prescribed. Medications also include the oral non-steroidal anti-inflammatory medication Naprosyn. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac and in this case Naprosyn is also being prescribed which is duplicative. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.

Gabapentin 10 percent-Cyclobenzaprine 6 percent-Bupivacaine 5 percent cream 240 grams: 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 (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for headaches, bilateral shoulder pain, and pain throughout the spine. When seen, there was decreased and painful multilevel spinal range of motion and tenderness. Cervical compression testing and straight leg raise testing were positive. There was decreased shoulder range of motion with tenderness. Treatments had included physical therapy and acupuncture. He was referred for further evaluations. Topical medications are being prescribed. Medications also include the oral non-steroidal anti-inflammatory medication Naprosyn. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac and in this case

Naprosyn is also being prescribed which is duplicative. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.