

Case Number:	CM14-0117970		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2012
Decision Date:	12/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old male who reported an injury on 07/01/2012. The injury reportedly occurred when a box of toilet paper fell and struck him on the left lateral humerus. His diagnoses include contusion of the left lateral humerus and complete rotator cuff tear. His past treatments include medications and physical therapy. His diagnostic studies include an MRI performed on 01/23/2014, which revealed a complete rotator cuff tear. On 08/05/2014, the injured worker reported bilateral shoulder pain, left greater than right. Upon physical exam of his shoulders he was noted to have range of motion of abduction to 145/160 degrees; adduction to 50/50 degrees, forward flexion to 150/150 degrees; external rotation to 60/65 degrees; internal rotation to 45/70 degrees; and extension to 50/50 degrees. Additionally, his motor strength was noted to be 5/5. His current medications included pain medications; however, the specific pain medication was not provided. The treatment plan included that the injured worker to do range of motion and Thera-Band exercises, nonsteroidal anti-inflammatory medications, and 2 to 3 corticosteroid injections per year. A request for TG Hot Qty: 1 jar and FlurFlex 180 gm-1 jar was submitted; however, the rationale was not provided. A Request for Authorization form was submitted on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG Hot Qty: 1 jar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/Shoulder: Table 2 Summary of Recommendations, Shoulder disorders>.

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

Decision rationale: The request for TG Hot Qty: 1 jar is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to gabapentin, the guidelines do not recommend gabapentin because there is no peer reviewed literature to support use. There was lack of documentation regarding failure of antidepressants and anticonvulsants. In regard to capsaicin, the guidelines state that the topical capsaicin is only supported for patients who are intolerant of or who have not responded to other treatments. The submitted documentation failed to include sufficient evidence of first line treatments to warrant use of topical capsaicin. The quantity and frequency for the proposed medication were also not provided. In the absence of the above information and as the request includes gabapentin and capsaicin, which are not recommended, the proposed compounded product is not supported. As such, the request is not medically necessary.

FlurFlex 180 gm - 1 jar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/Shoulder: Table 2 Summary of Recommendations, Shoulder disorders>.

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

Decision rationale: The request for FlurFlex 180 gm - 1 jar is not medically necessary. The California MTUS Guidelines state that the topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to flurbiprofen, the guidelines recommend for osteoarthritis and tendonitis, in particular of the knee and elbow or other joints that are responsive to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip, or shoulder, and use with neuropathic pain is not recommended as there is no evidence to support this use. The injured worker did report neuropathic pain; however there is lack of evidence that the injured worker is diagnosed with osteoarthritis. In regards to

cyclobenzaprine, the guidelines do not recommend because there is no evidence for use of any other muscle relaxant as a topical product. There is no rationale why the injured worker would require a topical medication versus oral medication. In the absence of the above information and as the request includes cyclobenzaprine and flurbiprofen, which are not recommended, the proposed compounded product is not supported. As such, the request for FlurFlex 180 gm - 1 jar is not medically necessary.