

Case Number:	CM14-0166012		
Date Assigned:	10/13/2014	Date of Injury:	06/19/2008
Decision Date:	11/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 46-year-old male who injured his right shoulder, upper extremity and neck on 6/19/08 in a lifting injury at work. The initial assessment was a right trapezius and cervical strain. X-rays revealed minimal degenerative changes at C6-7. Treatment was NSAIDs, muscle relaxants and physical therapy. He also received chiropractic treatments. An MRI of the cervical spine on 9/8/09 demonstrated degenerative disc disease with possible encroachment on the C6 and C7 nerve roots. The worker underwent surgery for a C5-6 and C6-7 anterior cervical discectomy and fusion on 10/27/08. The claimant had residual weakness of the right upper extremity relative to the left after surgery. At the time of the injury, the worker worked as a janitor. The worker has atrophy of the right upper extremity with decreased grip strength relative to the left upper extremity. Muscle strength of elbow flex/extension is 4/5. The worker has been treated for a laceration of the left third digit with associated cellulitis in April and May, 2007. The worker developed cervical pain after an MVA and had x-rays performed on 2/3/12 which showed no evidence of traumatic injury to the previously operated cervical spine. In October, 2012, a PA note states that the worker is seeing a physician for chronic neck pain and is taking Ultram and Soma. The worker's medical diagnoses included loss of weight, cervicgia, pain in the ankle and foot, pain in the lower leg, degeneration of intervertebral disc, insomnia, and unspecified gastritis and gastroduodenitis. On 11/15/12 and 11/29/12 the worker underwent a cervical facet joint injection. In January, 2013, the worker underwent a C7-T1 cervical epidural steroid injection. An orthopedic surgeon's medical-legal evaluation dated 4/29/13 notes that the worker has constant pain in his neck and right shoulder with associated headaches. The worker has been involved in multiple motor vehicle accidents in 1987, where he fracture his right leg, knee and ankle; 2/12 with whiplash, and 6/12 without injury. An MRI of the right shoulder on 6/12/13 was interpreted as revealing: bursal surface supraspinatus thinning, minor supraspinatus

tendinosis, subscapularis tendinosis/tendonitis; configuration of the acromion and AC joint may result in impingement; tiny cyst abutting the posterior superior labrum. The shoulder was injected with steroid and local anaesthetics on 8/5/13 with little benefit. The worker underwent surgery on the right shoulder on 4/8/14 for an arthroscopic subacromial decompression, rotator cuff debridement and biceps tenodesis. This was followed by physical therapy. On 9/3/14, the treating physician gave the injured worker some samples of combination creams of cyclobenzaprine + gabapentin, Flurbiprofen cream, and tramadol cream samples after the worker was seen for increased pain in the right shoulder after doing some yard work. The treating physician then requested authorization for transdermal creams for symptomatic bicipital tenosynovitis of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compound Cream: Flurbiprofen 30gm, Cyclobenzaprine 12gm, Gabapentin 12gm, Tramadol 30gm, DOS: 8/11/14: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -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. Since the guidelines have not been met and since there is little research to support the use of these agents, the requested retrospective approval for this compound cream is not medically necessary.

Retrospective Compound Cream: Flurbiprofen 6gm, Cyclobenzaprine 3gm, Gabapentin 3gm, Tramadol 6gm, DOS: 8/06/14: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 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. Since the guidelines have not been met and since there is little research to support the use of these agents, the requested retrospective approval for this compound cream is not medically necessary.