

Case Number:	CM14-0183393		
Date Assigned:	11/10/2014	Date of Injury:	07/01/2014
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine 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 52-year-old female who reported an injury on 07/01/2014. The mechanism of injury was pulling. The injured worker's diagnoses included bicipital tenosynovitis, adhesive capsulitis of the shoulder, osteoarthritis of the shoulder region, and disorder of bursa of the shoulder region. The injured worker's past treatments included physical therapy, medications, and steroid injections. The injured worker's diagnostic testing included an magnetic resonance imaging (MRI) of the left shoulder, performed on 08/01/2014, which demonstrated findings suggesting tendinosis of the subscapularis tendon. An x-ray of the left shoulder was noted to reveal impingement morphology, mild acromioclavicular arthrosis, and minimal glenohumeral arthrosis. There were no relevant surgeries included in the documentation. On 10/06/2014, the injured worker complained of left shoulder pain. She reported having completed 6 visits of physical therapy. Upon physical examination, the injured worker was noted with tenderness at the biceps groove and the greater tuberosity. She was noted with an active total flexion at 90 degrees, passive flexion at 90 degrees, external rotation at 10 degrees, and internal rotation was to her belt line. The injured worker was noted with a positive Hawkins and cross arm tests. Her motor strength was 5/5 in all planes. Anterior and posterior load shifts were negative. The injured worker's medications included anti-inflammatories and Zofran. The request was for transdermal creams to help with pain relief, including cyclobenzaprine 10%/gabapentin 10% cream/ menthol 5% 30 gm, flurbiprofen 20% cream/capsaicin 0.0375% 30 gm, and tramadol 20% cream/ menthol 5% at 30 gm. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin 10%, Menthol 5% 30gm: 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 Cyclobenzaprine; Topical analgesics; Gabapentin Page(s): 41-42; 111-113; 113.

Decision rationale: The request for cyclobenzaprine 10%, gabapentin 10%, and menthol 5% at 30 gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. These compounded agents require knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The addition of cyclobenzaprine to other agents is not recommended. Also, the guidelines do not recommend gabapentin as a topical analgesic. The injured worker reported pain to her left shoulder, however, the pain was not quantified. The documentation did not include a complete and thorough pain assessment to include a current quantified pain; the least reported pain over the period since last assessment; intensity of pain after taking the current medication regimen; and how long pain relief lasts. As the guidelines do not recommend the use of gabapentin in topical analgesics and it is recommended cyclobenzaprine not be combined to other agents, the request is not supported. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.

Flurbiprofen 20% cream, Capsaicin 0.0375% 30gm: 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: The request for flurbiprofen 20% cream and capsaicin 0.0375% at 30 gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 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.

The efficacy and clinical trials for nonsteroidal anti-inflammatory agents in a topical form has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for the treatment osteoarthritis of the spine, hip, or shoulder. The guidelines state that capsaicin may be recommended only as an option in patients who have not responded to or are intolerant of other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. 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. The injured worker complained of left shoulder pain; however, the pain was not quantified. The documentation did not include a complete and thorough pain assessment to include a current quantified pain; the least reported pain over the period since last assessment; the intensity of the pain after taking the current medications; and how long that pain relief lasts. The documentation did not provide sufficient evidence of tried and failed antidepressants or anticonvulsants In the absence of documentation with a complete and thorough pain assessment, documented evidence of tried and failed antidepressants and anticonvulsants, and as topical NSAIDs have little evidence for the treatment of osteoarthritis of the spine, hip, or shoulder, the request is not supported. Additionally, as the request is written, there was no frequency provided. Therefore, the request is not medically necessary.

Tramadol 20% cream, Menthol 5% 30gm: 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: The request for tramadol 20% cream and menthol 5% at 30 gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 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. Tramadol has been suggested as a second line treatment. The injured worker complained of left shoulder pain, however, the pain was not quantified. The documentation did not provide a complete and thorough pain assessment to include a current quantified pain; the least reported pain over the period since last assessment; the intensity of the pain after taking the medication; and how long pain relief lasts. The documentation did not provide sufficient evidence of the efficacy of the current medication regimen. In the absence of documentation with a complete and thorough pain assessment, documented evidence of the efficacy of the current medication

regimen, and documented evidence of a tried and failed first line therapy, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.