MAXIMUS Federal Services

Case Number:	CM14-0096051		
Date Assigned:	07/25/2014	Date of Injury:	06/03/2012
Decision Date:	09/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported injury on 06/03/2012. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of primary osteoarthritis to the left shoulder, bursitis of left shoulder, radiculopathy of the lumbar spine, and intervertebral disc degeneration of the lumbar region and intervertebral disc displacement of the lumbar region. The injured worker's past treatment includes shockwave therapy, localized intense neurostimulation therapy, the use of a TENS unit and medication therapy. The injured worker has undergone a multiplanar MR image of the shoulder. It is not documented as to which shoulder; left or right. Findings revealed overall alignment was within normal limits. There was no marrow signal to suggest fracture or lesion. There was a subchondral cyst about the humeral head adjacent marrow edema. There was also acromioclavicular joint hypertrophy. The injured worker complained of burning bilateral shoulder pain, right greater than left that radiated down the arms to the fingers. He also noted that he had muscle spasms that were constant, moderate to severe. The injured worker rated that pain at 7/10. The injured worker also stated to have burning, radicular low back pain that radiated into the waist and associated muscle spasms. The injured worker rated that pain at a 7/10 as well, noting the pain was constant, moderate to severe. He also stated that the pain travelled down his right leg into the bottom of the foot. Physical examination dated 04/09/2014 revealed that the injured worker's bilateral shoulders had tenderness at the AC joints with arthrosis. The injured worker also had decreased range of motion. Neer's, Hawkins's and Jobe's test were positive. The injured worker had intact sensation, but decreased myotomes bilaterally. Examination of the lumbar spine revealed tenderness to the paralumbar muscles, quadratus lumborum, lumbosacral junction, sciatic notches, and trigger point on the right. No spasms were noted. The injured worker also showed decreased range of motion. Tripod, Flip and Lasegue's test were positive. The injured worker

also showed decreased sensation to the right and decreased myotomes to the right. The injured worker's range of motion bilateral shoulders revealed a flexion of 95 degrees on the left and 90 degrees on the right, abduction of 90 degrees on the left and 85 degrees on the right, internal rotation of 45 degrees on the left and 40 on the right and external rotation of 60 degrees on the left and 55 on the right. It was also shown that the injured worker's reflexes bilaterally of the upper extremities were 2+ and symmetrical in the bilateral upper extremities. The injured worker's medications are Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, and Cyclobenzaprine. The duration, frequency and dosage were not documented in the submitted report. The treatment plan is to continue the usage of medication. The injured worker has been advised to stop taking the medications if he has any problems with them. The use of medications, especially oral medications has been monitored closely for effectiveness and possibly dependency. The injured worker was also advised to continue the course of shockwave therapy, after 3 treatments for the right and left shoulder. Terocin patches for pain relief were requested for the injured worker. Also the use of Cyclobenzaprine, Flurbiprofen 240 grams and Diclofenac 25%, Tramadol 15% 240 grams. The rationale and Request for Authorization form were 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 2%, Flurbiprofen 20% - 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, compound drugs.

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

Decision rationale: The request for Cyclobenzaprine 2%, Flurbiprofen 20% - 240 grams is not medically necessary. The injured worker complained of burning bilateral shoulder pain, right greater than left that radiated down the arms to the fingers. He also noted that he had muscle spasms that were constant, moderate to severe. The injured worker rated that pain at 7/10. The injured worker also stated to have burning, radicular low back pain that radiated into the waist and associated muscle spasms. The injured worker rated that pain at a 7/10 as well, noting the pain was constant, moderate to severe. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine 2% is a muscle relaxant for which there is no evidence for use as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. Given the above, the injured worker is not within the MTUS guidelines. Furthermore, in the submitted report there was no documentation as to where the cream would be applied and the amount. There was also a lack of evidence of effectiveness of the current medications that the injured worker was taking. There

was no quantified evidence as to whether the injured worker had trialed and failed antidepressants and/or anticonvulsants. There was also no rationale as to why the injured worker would require a topical lotion versus oral medications. The submitted request was for a compound that per MTUS Guidelines is not recommended. As such, the request for Cyclobenzaprine 2%, Flurbiprofen 20% 200 grams is not medically necessary.

Diclofenac 25%, Tramadol 15% - 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Diclofenac 25%, Tramadol 15% - 240 grams is not medically necessary. The injured worker complained of burning bilateral shoulder pain, right greater than left that radiated down the arms to the fingers. He also noted that he had muscle spasms that were constant, moderate to severe. The injured worker rated that pain at 7/10. The injured worker also stated to have burning, radicular low back pain that radiated into the waist and associated muscle spasms. The injured worker rated that pain at a 7/10 as well, noting the pain was constant, moderate to severe. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are 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; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, 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 MTUS also states that the efficacy of NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs such as Diclofenac 25% 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above and evidence in the submitted reports, the use of Diclofenac 25% and Tramadol 15% is not recommended. There was a lack of quantified evidence of effectiveness of the current medications the injured worker was taking. The efficacy is also questionable and there was no evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. There was also no rationale as to why the injured worker would require a topical lotion versus oral medications. Furthermore, the request did not specify a location of the medication, a dosage or a frequency. As such, the decision for Diclofenac 25%, Tramadol 15% 240 grams is not medically necessary.