

Case Number:	CM14-0097221		
Date Assigned:	07/30/2014	Date of Injury:	03/23/2010
Decision Date:	10/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 Illinois. 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 63-year-old male, who reported an injury on 03/23/2010. The mechanism of injury was not provided. His diagnoses were noted to include left shoulder status post arthroscopy and debridement and a 7 mm lumbar disc herniation. The injured worker's past treatments included 12 sessions of physical therapy and medications. His diagnostic testing included an official MRI of the lumbar spine performed on 04/11/2014, which revealed multilevel spondylitis, degenerative disc disease with mixed spondylitis, and disc protrusions and disc bulges involving L3-4, L4-5, and L5-S1, resulting in various degrees of foraminal stenosis and central canal stenosis. The injured worker's surgical history included a spine surgery. On 05/07/2014, the injured worker complained of cervical spine, lumbar spine, bilateral shoulder, and right ankle pain. He rated his cervical spine pain a 5/10, and reported that it radiated to bilateral arms. He rated the lumbar spine pain an 8/10, and reported that it radiated to bilateral legs. He also rated the bilateral shoulder and ankle pain a 5/10. He reported that Tylenol No. 3 reduced his pain from 9/10 down to 3/10. He reported he has been attending physical therapy for bilateral shoulders and lumbar spine and has completed 12 sessions thus far. Upon physical examination of the cervical spine, he was noted with limited range of motion and tenderness to palpation over the trapezius and paravertebral muscles bilaterally. The examination of the lumbar spine revealed limited range of motion and tenderness to palpation. There was a positive Kemp's sign bilaterally. Examination of the left shoulder revealed limited range of motion with flexion of 140 degrees, abduction of 140 degrees, and internal rotation of 60 degrees. There was positive Neer's impingement and Hawkins impingement tests noted. The request was for flurbiprofen/cyclobenzaprine/menthol cream (20%, 10%, 4%) 180 g, applied in thin layer 2 to 3 times per day. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%10%4%) 180 g apply a thin layer 2-3 times per day or as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Flurbiprofen/Cyclobenzaprine/Menthol cream (20% 10%4%) 180 g apply a thin layer 2-3 times per day or as directed is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled 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 in clinical trials for NSAIDs for this treatment modality 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 for their effectiveness or safety. It is recommended for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. There is not evidence for use of cyclobenzaprine as a topical product. The injured worker did report pain in his cervical spine, lumbar spine, shoulders, and ankle. He reported that Tylenol #3 reduced his pain from 9/10 to 3/10. It was not indicated if this level allowed the injured worker to function or to complete his activities of daily living. The guidelines note that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. In the absence of documentation with evidence of efficacy for this treatment modality, indicated by decreased pain, increased function, and improved quality of life, this request is not supported. Furthermore, there is no evidence for use of cyclobenzaprine as a topical product, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.