

<b>Case Number:</b>	CM15-0019634		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61 year old male, who sustained an industrial injury on 9/17/13. He has reported initial complaints of stepping out of a tractor trailer and felt a pop in his left knee and while losing his balance reached to prevent himself from falling injuring his right shoulder. The diagnoses have included right shoulder impingement, acromioclavicular arthrosis, and left knee pain; rule out meniscus tear, history of deep vein thrombosis, history of hypertension. Treatment to date has included medications, physical therapy and injections with no improvement, diagnostic studies and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) and x-rays. The current medications included Tramadol, Aspirin, Niacin, Remicade and Lisinopril. Currently, as per the physician progress note dated 12/18/14, the injured worker complains of continued symptoms at night when lying on his right side and is unable to drive due to repetitive movement and holding up the arm. He also reports left knee pain but is unable to take anti-inflammatories secondary to Crohn's disease. Physical exam revealed right shoulder range of motion is limited due to pain, positive orthopedic signs and tenderness is noted. The left knee had tenderness to palpation. Work status was to remain off of work. The physician treatment plan was an updated Magnetic Resonance Imaging (MRI) to assess for progression of right shoulder rotator cuff tear and prescription for Tramadol and topical compound medicine. The physician requested treatments included Flurbiprofen 20% 150grams cream (Flurbiprofen 30grmas, Lidocaine 7.5grams, and Verapro base), Gabapentin 10% 150grams cream (Gabapentin powder 15 grams, Amitrptyline 7.5grmas, Capsaicin 0.037

grams, Versapro base) and Cyclobenzaprine 10% 150 grams (Cyclobenzaprine powder 15 grams, Lidocaine 3 grams, Versapro base).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20% 150grams cream (Flurbiprofen 30grmas, Lidocaine 7.5grams, Verapro base): 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.

**Decision rationale:** This 61 year old male has complained of knee pain and shoulder pain since date of injury 9/17/13. He has been treated with physical therapy, injections and medications. The current request is for Flurbiprofen 20% 150grams cream (Flurbiprofen 30 grams, Lidocaine 7.5grams, Verapro base). Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above. Flurbiprofen 20% 150grams cream (Flurbiprofen 30grmas, Lidocaine 7.5grams, Verapro base) is not indicated as medically necessary.

**Gabapentin 10% 150grams cream (Gabapentin powder 15 grams, Amitrptyline 7.5grmas, Capsaicin 0.037 grams, Versapro base): 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.

**Decision rationale:** This 61 year old male has complained of knee pain and shoulder pain since date of injury 9/17/13. He has been treated with physical therapy, injections and medications. The current request is for Gabapentin 10% 150grams cream (Gabapentin powder 15 grams, Amitrptyline 7.5 grams, Capsaicin 0.037 grams, Versapro base). Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 10% 150grams cream (Gabapentin powder 15 grams, Amitrptyline 7.5grmas, Capsaicin 0.037 grams, Versapro base) is not indicated as medically necessary.

**Cyclobenzaprine 10% 150 grams ( Cyclobenzaprine powder 15 grams, Lidocaine 3 grams, Versapro base): 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.

**Decision rationale:** This 61 year old male has complained of knee pain and shoulder pain since date of injury 9/17/13. He has been treated with physical therapy, injections and medications. The current request is for Cyclobenzaprine 10% 150 grams ( Cyclobenzaprine powder 15 grams, Lidocaine 3 grams, Versapro base). Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 10% 150 grams ( Cyclobenzaprine powder 15 grams, Lidocaine 3 grams, Versapro base) is not indicated as medically necessary.