

<b>Case Number:</b>	CM15-0113061		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old female who sustained an industrial injury on 08/26/2013. The injured worker was diagnosed with cervical spine sprain/strain, myofascial pain syndrome, lumbar spine sprain/strain, thoracic sprain/strain, thoracic myospasm and bilateral shoulder impingement syndrome. Treatment to date has included conservative measures, extracorporeal shockwave therapy, physical therapy, pool therapy and medications. According to the primary treating physician's progress report on May 26, 2015, the injured worker continues to experience cervical, thoracic, lumbar spine and bilateral shoulder pain. The injured worker rates her neck pain and stiffness at 5-6/10, thoracic pain at 7/10, low back pain at 6/10 with improving range of motion, right shoulder pain at 4/10 improved with shockwave therapy and left shoulder pain and weakness at 6/10 with reduction of pain with shockwave therapy. Examination of the cervical spine demonstrated tenderness to palpation and spasm of the paravertebral muscles with decreased and painful range of motion. Cervical compression and shoulder depression elicited pain. Thoracic range of motion was decreased at left and right rotation with pain. There was tenderness to palpation and spasm of the thoracic paravertebral muscles. Examination of the lumbar spine demonstrated tenderness to palpation and spasm of the paravertebral muscles with positive Kemp's and positive straight leg raise bilaterally. There was decreased range of motion with decreased motor strength. The right shoulder revealed tenderness at the acromioclavicular joint, anterior shoulder, glenohumeral joint and supraspinatus with a positive supraspinatus press test. The left shoulder demonstrated tenderness to palpation to the acromioclavicular, anterior, posterior and lateral shoulder with positive supraspinatus press test and painful decreased range

of motion. Current medications were not documented. Treatment plan consists of acupuncture therapy, pain management and the current request for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 9.025%, 240 grams and Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 240 grams.

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

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

**Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 9.025%, 240 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 08/26/2013. The medical records provided indicate the diagnosis of cervical spine sprain/strain, myofascial pain syndrome, lumbar spine sprain/strain, thoracic sprain/strain, thoracic myospasm and bilateral shoulder impingement syndrome. Treatment to date has included conservative measures, extracorporeal shockwave therapy, physical therapy, pool therapy and medications. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/menthol 2%/Camphor 2%/Capsaicin 9.025%, 240 grams. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS recommends the 0.025 % formulation of Capsaicin, but neither 9.025% formulation, nor any of the other agents in the requested compounded topical analgesic are recommended. Therefore the request is not medically necessary.

**Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 240 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 08/26/2013. The medical records provided indicate the diagnosis of cervical spine sprain/strain, myofascial pain syndrome, lumbar spine sprain/strain, thoracic sprain/strain, thoracic myospasm and bilateral shoulder impingement syndrome. Treatment to date has included conservative measures, extracorporeal shockwave therapy, physical therapy, pool therapy, and medications. The medical records provided for review do not indicate a medical necessity for Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 240 grams. The topical analgesics are largely

experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS does not recommend any of the agents in this compounded topical analgesic. Therefore the request is not medically necessary.