

Case Number:	CM15-0116816		
Date Assigned:	06/25/2015	Date of Injury:	04/21/2014
Decision Date:	07/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old female with an industrial injury dated 04/21/2014. The mechanism of injury was documented as being struck with a metal piece on the left side of the upper body. She states she sustained injuries to the left shoulder, left hand and back. Diagnoses included left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain - clinical impingement, lumbar spine sprain/strain with myospasm, left shoulder effusion, left shoulder bursitis and left wrist ganglion cyst. Prior treatment included physical therapy, 24 sessions of acupuncture which she states helped a little with her back pain, TENS unit, lumbar support brace, left wrist brace and medications. She presents on 04/06/2015 with complaints of persistent left shoulder, upper back, mid back, low back and left wrist pain. She rates her pain as 6/10. She states acupuncture helps decrease her pain temporarily and she is able to do more activities of daily living. She states her pain is well controlled with medication and denies any side effects. Physical exam revealed tenderness to palpation with spasms of the paraspinals bilaterally. She had tenderness to palpation of the left sacroiliac. There was decreased range of motion secondary to pain and a positive sitting root test. Sensory was intact. Left shoulder was tender to palpation with spasms and had decreased range of motion secondary to pain. There was positive impingement, apprehension sign and empty can test. Left wrist/hand was tender to palpation. There was full range of motion with pain at end ranges. Phalen's test was positive. The request is for 1 month supply of compound medication Cyclobenzaprine 2%, Flurbiprofen

25% 180 gm and 1 month supply of compound medication Capsaicin 0.025, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of compound medication Cyclobenzaprine 2%, Flurbiprofen 25% 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS 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 creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The medical documents do not indicate failure of anti-depressants or anti-convulsants. MTUS states, "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." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for 1 Month supply of compound medication Cyclobenzaprine 2%, Flurbiprofen 25% 180gm is not medically necessary.

1 Month supply of compound medication Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS 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 creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The medical documents do not indicate failure of anti-depressants or anti-convulsants. MTUS states, "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." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of

osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for 1 Month supply of compound medication Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary.