

<b>Case Number:</b>	CM15-0122116		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old female who sustained a work related injury March 20, 2007. Past history included diabetes, multiple shoulder surgeries including multiples rotator cuff repairs. According to an orthopedic progress report, dated April 16, 2015, the injured worker presented with a long history of right shoulder pain and weakness. She now has worsening weakness of the right shoulder and sensitivity with daily activity, without any new trauma to the shoulder. Physical examination of the right shoulder revealed; active range of motion 0-110 degrees and external rotation 40 degrees. There is some weakness and pain inhibition with supraspinatus testing. Neer and Hawkin's are positive and there is a normal sensation to light touch. X-rays of the right shoulder, 4 view, (undated in report) shows adequate previous clavicle excision without any other significant bony changes. Assessments are s/p right shoulder arthroscopy with subacromial decompression and lysis of adhesion after 2 previous rotator cuff repairs; distal clavicle excision with labral debridement and biceps tenodesis; severe allergy to steroid injections; diabetes. Treatment plan included a retrospective request for authorization for Flurbiprofen/Lidocaine/Gabapentin/Amitriptyline/Capsaicin and Cyclobenzaprine/Lidocaine, date of service 4/16/2015-4/21/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen/Lidocaine/Gabapentin/Amitriptyline/Capsaicin DOS 4-16-15 to 4-21-15:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the retrospective request for the topical analgesic Flurbiprofen/Lidocaine/Gabapentin/Amitriptyline/Capsaicin is not medically necessary.

**Retrospective Cyclobenzaprine/Lidocaine DOS 4-16-15 to 4-21-15:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains cyclobenzaprine not recommended by MTUS as a topical analgesic. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications. Therefore, the retrospective request for Cyclobenzaprine/Lidocaine cream is not medically necessary.