

Case Number:	CM15-0174857		
Date Assigned:	09/16/2015	Date of Injury:	02/02/2015
Decision Date:	10/26/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (n) 47 year old male, who sustained an industrial injury on 2-2-15. The injured worker was diagnosed as having right shoulder strain, rule out superior labrum tear and biceps tendon intrasubstance tear. The physical exam (5-11-15 through 6-18-15) revealed 4-6 out of 10 pain, right shoulder flexion and abduction is 150 degrees, internal and external rotation is 60 degrees and a positive O'Brien's and Speed's tests. Treatment to date has included physical therapy, Naproxen and Tramadol. As of the PR2 dated 8-20-15, the injured worker reports right shoulder pain. Objective findings include right shoulder flexion and abduction is 150 degrees, internal and external rotation is 70 degrees and a positive O'Brien's and Speed's tests. The treating physician requested to start Flurbiprofen/Baclofen/Lidocaine cream (20%-5%-4%) 180gm and Tizanidine 4mg #60. On 8-21-15, the treating physician requested a Utilization Review for Flurbiprofen/Baclofen/Lidocaine cream (20%-5%-4%) 180gm, Tizanidine 4mg #60 and Norco 10-325mg #90. The Utilization Review dated 8-25-15, non-certified the request for Flurbiprofen/Baclofen/Lidocaine cream (20%-5%-4%) 180gm and Tizanidine 4mg #60 and certified the request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 47 year old patient complains of right shoulder pain, as per progress report dated 08/20/15. The request is for FLURBIPROFEN / BACLOFEN / LIDOCAINE CREAM (20%/5%/4%) 180gm. The RFA for this case is dated 08/21/15, and the patient's date of injury is 02/02/15. Diagnoses, as per progress report dated 08/20/15, included right shoulder strain, and R/O superior labrum tear and biceps tendon intrasubstance tear. Medications included Naproxen, Norco, Tramadol, Zanaflex and Pepcid. As per progress report dated 06/18/15, Tramadol helps reduce pain from 6/10 to 3/10 and Naproxen helps lower pain from 6/10 to 4/10. Diagnoses included right shoulder strain, right shoulder long head of the biceps tendonitis and strain, and right shoulder capsular tear. The patient is working full duty, as per progress report dated 08/21/15. The MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, none of the progress reports discuss this request nor does the treater indicate prior use of the cream. There is no documentation of efficacy of this topical formulation, and the treater does not mention where and how this cream will be applied. Additionally, MTUS does not support the use of Baclofen in topical form. There is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since not all the three components of this cream are indicated by the guidelines, this request IS NOT medically necessary.

Tizanidine Hydrochloride 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The 47 year old patient complains of right shoulder pain, as per progress report dated 08/20/15. The request is for TIZANIDINE HYDROCHLORIDE 4mg #60. The RFA for this case is dated 08/21/15, and the patient's date of injury is 02/02/15. Diagnoses, as per progress report dated 08/20/15, included right shoulder strain, and R/O superior labrum tear and biceps tendon intrasubstance tear. Medications included Naproxen, Norco, Tramadol, Zanaflex and Pepcid. As per progress report dated 06/18/15, Tramadol helps reduce pain from 6/10 to 3/10 and Naproxen helps lower pain from 6/10 to 4/10. Diagnoses included right shoulder strain, right shoulder long head of the biceps tendonitis and strain, and right shoulder capsular tear. The patient is working full duty, as per progress report dated 08/21/15. MTUS Chronic Pain Guidelines pg. 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome, the authors recommended its use as a first line option to treat myofascial pain syndrome, and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" In this case, Zanaflex is only noted in progress report dated 08/20/15. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. As per progress report dated 08/20/15, the treater states medications "are to control the patient's symptoms and aid in restoring function in order to adequately perform his activities of daily living." The treater, however, does not document the efficacy of Zanaflex in terms of reduction in pain or improvement in function. Most muscle relaxants are approved for short-term use but Zanaflex can be used for extended period of time. Nonetheless, given the lack of documentation regarding efficacy, this request IS NOT medically necessary.