

Case Number:	CM15-0024401		
Date Assigned:	02/13/2015	Date of Injury:	10/29/2010
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42-year-old female, with a reported date of injury of 10/29/2010. The diagnoses include left shoulder pain with development of impingement syndrome and chronic pain syndrome. Treatments have included Norco, transcutaneous electrical nerve stimulation (TENS) unit, Wellbutrin, and an MRI of the left shoulder on 08/23/2013. The progress report dated 01/13/2015 indicates that the injured worker continued to have constant localized left shoulder pain. She rated her pain 2-3 out of 10 on average, and 7 out of 10 when aggravated. The injured worker had limited physical activity because of the pain. It was noted that the Norco helped to reduce her pain; however, it caused some acid reflux. The objective findings include mildly limited flexion and limited abduction of the left shoulder, point tenderness over the acromioclavicular joint, and guarding left shoulder. The treating physician requested Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% 120grams #1 on 12/17/2014. The rationale for the request was not indicated. On 01/23/2015, Utilization Review (UR) denied the request for Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% 120grams #1. The UR physician noted that there is no evidence to support the use of any muscle relaxant as a topical product, there is no documentation of failed trials of antidepressant and anticonvulsant treatment, and no evidence that oral pain medications are insufficient to take away pain symptoms. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / Cyclobenzaprine 1% / Lidocaine 5% 120gm #1: 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): 60, 111-113.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is not indicated. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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." Regarding the use of multiple medications, MTUS p60 states "only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Because topical cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.