

<b>Case Number:</b>	CM15-0024645		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

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 53 year old male who sustained an industrial injury on 5/1/13. Diagnoses are right shoulder impingement syndrome, right shoulder pain, right elbow pain, right wrist carpal tunnel syndrome, radiculitis- lower extremity, lumbar disc displacement herniation nucleus pulposus, and abdominal pain-rule out inguinal hernia. In an orthopedic progress report dated 12/13/14, the treating physician notes the injured worker complains of burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. He rates the pain at 3-6/10. The pain is aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. He complains of burning right elbow, right wrist, and low back pain. The right elbow pain and muscle spasms and right wrist pain and muscle spasms are rated as 3-5/10, aggravated by gripping, grasping, reaching, pulling and lifting. He also complains of weakness, numbness, tingling and pain radiating to the hand and fingers. He complains of low back pain associated with numbness and tingling radiating down to the bottom of his feet which is rated as 3-6/10. The pain is aggravated by activities of daily living. The injured worker complains of pain in the right groin area. He complains of having difficulty sleeping and is often awoken due to pain and states the symptoms persist but the medications offer temporary relief of pain. Right shoulder exam notes crepitation with range of motion, tenderness to palpation, acromioclavicular joint arthrosis, and Neers's impingement sign, Kennedy Hawkin's test, and Speed's test are all positive. Range of motion in degrees, is flexion 105, abduction 95, external rotation 55, and internal rotation 35. On exam of the right elbow, palpable tenderness is noted over the medial and lateral epicondyle and Cozen's sign is positive.

The right wrist exam notes tenderness to palpation and decreased range of motion and is positive for Tinel's wrist, Phalens's test, as well as Finkelstein's test. He is able to heel-toe walk but has pain with heel walking. There is 2+ tenderness to palpation at the lumbar paraspinal muscles quadratus lumborum with a trigger point noted at the right sciatic notch. There is a decreased range of motion of the lumbar spine and is positive bilaterally for Tripod sign, Flip test, and Lasegue's differential. There is decreased sensation at the L5-S1 dermatomes bilaterally. The treatment plan is noted as continue current treatment and for (PRP) platelet rich plasma therapy, shockwave therapy, physical therapy, chiropractic therapy, acupuncture and terocin patches for pain relief. The requested treatment is Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 grams.

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

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

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm is not medically necessary and appropriate.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm is not medically necessary and appropriate.