

Case Number:	CM15-0063966		
Date Assigned:	04/09/2015	Date of Injury:	05/02/2012
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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/work injury on 5/2/12. He reported initial complaints of left hand, wrist, and shoulder pain. The injured worker was diagnosed as having partial tear of the supraspinatus tendon, tendinosis of the supraspinatus and infraspinatus tendon, left shoulder; left hand crush injury with deep laceration, left wrist and hand; left hand compartment syndrome; left hand postoperative left dorsal interossei fasciotomy, hypothenar fasciotomy, thenar fasciotomy, carpal tunnel release, left wrist and hand; post-operative left shoulder arthroscopy, synovectomy, labrum debridement, subacromial decompression, rotator cuff repair, left shoulder. Treatment to date has included medications, physical therapy, splint, home exercise program, surgery (right rotator cuff surgery on 2/2013 and left rotator cuff surgery on 6/2014, left shoulder arthroscopy with synovectomy, subacromial decompression and mini open rotator cuff repair on 6/19/14). X-Rays results were reported on 2/11/13. Currently, the injured worker complains of constant and achy left shoulder pain and rated 6-7/10 that increased with activity or sleeping on the affected side. Per the physician's report of 2/17/15, the examination revealed limited movement in the upper extremity, positive for joint pain, negative tenderness to palpation over the lumbar paraspinal area. Range of motion of the left shoulder was significantly decreased in abduction, flexion, and external rotation. Grip strength was decreased on the left side. Spasms were evident in the left deltoid muscles. Current plan of care included stretching exercises, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, medication. The requested treatments include Topical gel: Flurbiprofen, Cyclobenzaprine, Lidocaine and Topical patch: Menthol and Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical gel: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% QTY: 1.00: 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 analgesic Page(s): 111-113.

Decision rationale: Based on the 02/17/15 progress report provided by treating physician, the patient presents with left shoulder pain. The request is for Topical Gel: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% QTY:1.00. No RFA provided. Patient is status post right rotator cuff surgery February 2013, left rotator cuff surgery June 2014, and left shoulder arthroscopy with synovectomy, subacromial decompression and mini open rotator cuff repair 06/19/14. Patient's diagnosis on 02/17/15 included pain in joint, shoulder; pain in joint, hand; spasm muscle; and chronic pain syndrome. Treatment to date has included surgeries, medications, physical therapy, splint, and home exercise program. Patient's work status is not available. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine and Cycloenzaprine, which are not supported for topical use in lotion form, per MTUS. The request does not meet guideline criteria. Therefore, the request is not medically necessary.

Topical patch: Menthol 5% and Capsaicin 0.0375% QTY: 1.00: 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 Salicylate & Capsaicin topical Page(s): 111-113, 29, 105.

Decision rationale: Based on the 02/17/15 progress report provided by treating physician, the patient presents with left shoulder pain. The request is for Topical Patch: Menthol 5% And Capsaicin 0.0375% QTY:1.00. No RFA provided. Patient is status post right rotator cuff surgery February 2013, left rotator cuff surgery June 2014, and left shoulder arthroscopy with synovectomy, subacromial decompression and mini open rotator cuff repair 06/19/14. Patient's diagnosis on 02/17/15 included pain in joint, shoulder; pain in joint, hand; spasm muscle; and chronic pain syndrome. Treatment to date has included surgeries, medications, physical therapy, splint, and home exercise program. Patient's work status is not available. Methyl salicylate and menthol are recommended under MTUS Salicylate topical section, pg 105 in which Ben-Gay (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Regarding topical analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended at no higher than 0.025% concentration. Capsaicin, topical (MTUS p29) " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Treater has not provided reason for the request. In this case, the patient does not present with peripheral joint arthritis/tendinitis for which menthol portion of topical would be indicated. Regarding Capsaicin, MTUS Guidelines allow it for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain, which the patient does not have. Furthermore, this product contains Capsaicin at 0.0375% and MTUS does not recommend concentrations higher than 0.025%. This request does not meet guideline recommendations. Therefore, the request is not medically necessary.