

Case Number:	CM15-0068444		
Date Assigned:	04/16/2015	Date of Injury:	09/21/2013
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/10/2015

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 66 year old male who sustained an industrial injury on 9/21/13. The diagnoses have included cervical spine pain, cervical radiculopathy, cervical disc displacement, left shoulder internal derangement, left elbow lateral epicondylitis, and left wrist carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, acupuncture sessions, and shockwave therapy. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder, Magnetic Resonance Imaging (MRI) of the left wrist, Magnetic Resonance Imaging (MRI) of the left elbow, Magnetic Resonance Imaging (MRI) of the lumbar spine, and Magnetic Resonance Imaging (MRI) of the cervical spine. Currently, as per the physician progress note dated 1/8/15, the injured worker complains of constant neck pain. The pain was unchanged from previous visit and rated 6-7/10 on pain scale. The left shoulder pain radiates down the arm and fingers and unchanged and rated 7/10 on pain scale. The left elbow burning pain was rated 7-8/10. The low back burning pain was rated 8/10 on pain scale. The injured worker reports persistent symptoms but that the medications offer him temporary relief of pain and improve his ability to have restful sleep. The objective findings revealed that the cervical spine tenderness, decreased range of motion and positive Neer's, Kennedy and Hawkins tests. The left elbow exam revealed tenderness, decreased range of motion and positive Cozen's sign. The left wrist exam revealed tenderness, decreased range of motion and positive Tinel's and Phalen's sign. The lumbar exam revealed positive orthopedic tests, tenderness, trigger points, decreased range of motion and decreased sensation. The previous physical therapy sessions and acupuncture sessions were

noted. The urine drug screen dated 11/6/14 was consistent with medications prescribed. Treatment plan was for nerve conduction velocity studies (NCV) of the bilateral upper extremities, pain management and continue with medications. The physician requested treatments included Cyclobenzaprine 2% Flurbiprofen 25% 180gm apply thin layer to affected area TID and Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 25% 180gm apply thin layer to affected area TID:

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 01/08/15 progress report provided by treating physician, the patient presents with pain to the neck, left shoulder, left elbow, left wrist, and low back pain that radiates to the bilateral lower extremities, rated 6-7/10. The request is for CYCLOBENZAPRINE 2% FLURBIPROFEN 25% 180GM APPLY THIN LAYER TO AFFECTED AREA TID. RFA not available. Patient's diagnosis on 01/08/15 includes cervical spine pain, cervical radiculopathy, cervical disc displacement, left shoulder internal derangement, left elbow lateral epicondylitis, and left wrist carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, acupuncture sessions, and shockwave therapy. Patient medications include Deprizine, Dicopanol, Fanatrex, Synapryn, and topicals. The patient is to remain off work, per 02/05/15 treater report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory 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. Nonetheless, 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 Cycloperzaprine, which is not supported for topical use in lotion form, per MTUS. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm:
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 01/08/15 progress report provided by treating physician, the patient presents with pain to the neck, left shoulder, left elbow, left wrist, and low back pain that radiates to the bilateral lower extremities, rated 6-7/10. The request is for CAPSAICIN 0.025% FLURBIPROFEN 15% GABAPENTIN 10% MENTHOL 2% CAMPHOR 2% 180GM. RFA not available. Patient's diagnosis on 01/08/15 includes cervical spine pain, cervical radiculopathy, cervical disc displacement, left shoulder internal derangement, left elbow lateral epicondylitis, and left wrist carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, acupuncture sessions, and shockwave therapy. Patient medications include Deprizine, Dicopanol, Fanatrex, Synapryn, and topicals. The patient is to remain off work, per 02/05/15 treater report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory 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. Nonetheless, 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 Gabapentin, which is not supported for topical use in lotion form, per MTUS. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.