MAXIMUS Federal Services

Case Number:	CM15-0070154		
Date Assigned:	04/17/2015	Date of Injury:	05/23/2013
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 was a 56 year old female, who sustained an industrial injury, May 23, 2013. The injured worker previously received the following treatments functional capacity assessment, Cyclobenzaprine 2% Flurbiprofen 25% 180 gm and Flurbiprofen 15% Gabapentin 10 % Menthol 2% Camphor 2% 180 gm, random toxicology laboratory studies and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the left upper extremity. The injured worker was diagnosed with rule out cervical disc protrusion, rule out cervical radiculitis verses radiculopathy, rule out lumbar radiculitis versus radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement and depression. According to progress note of March 31, 2015, the injured workers chief complaint was cervical spine with frequent sharp stabbing neck pain with numbness and tingling associated with looking up, looking down and turning. Lumbar spine complains of frequent sharp, stabbing low back pain radiation to both legs with numbness and tingling associated with bending and twisting. The left shoulder complaints of frequent moderate sharp, stabbing left shoulder pain with numbness and tingling. The left wrist complaints consisted of moderate sharp stabbing pain with numbness and tingling associated with gripping, squeezing, and pulling repetitively. The physical exam noted tenderness with palpation of the paravertebral muscles. There were muscle spasms of the cervical paravertebral muscles with positive Spurling's bilaterally. There was tenderness to palpation of the lumbar paravertebral muscles. There were muscles spasms of the lumbar paravertebral muscles with positive straight leg testing. The left shoulder range of motion was decreased and painful. There was tenderness with palpation of the acromioclavicular joint with associated

muscle spasms. There was decreased and pain range of motion to the left wrist. The treatment plan included Cyclobenzaprine 2% Flurbiprofen 25% 180 gm and Flurbiprofen 15% Gabapentin 10 % Menthol 2% Camphor 2% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 25% 180 gm Qty 1: 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 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclobenzapine 2% Flurbiprofen 25%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendonitis, 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. Neuropathic pain: Not recommended as there is no evidence to support use. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Cyclobenzapine 2% Flurbiprofen 25% is not medically necessary.

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10 % Menthol 2% Camphor 2% 180 gm Qty 1: 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 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendonitis, 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. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Regarding topical gabapentin, Chronic Pain Medical Treatment

Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%, is not medically necessary.