

Case Number:	CM15-0078837		
Date Assigned:	04/30/2015	Date of Injury:	10/27/2014
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury neck, back and shoulder on 10/27/14. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a Doctor's First Report of Occupational Injury dated 3/30/15, the injured worker presented to the facility complaining that his symptoms persisted and had not improved. Physical exam was remarkable for cervical spine tenderness to palpation with spasms, decreased range of motion and positive compression test, lumbar spine with tenderness to palpation to paraspinal musculature with spasms, decreased range of motion and positive straight leg raise and right shoulder with tenderness to palpation and positive Neer and Codman's tests. Current diagnoses included cervical spine sprain/strain with radiculitis, rule out cervical spine discogenic disease, lumbar spine sprain/strain with radiculitis, lumbar spine disc protrusion, right shoulder sprain/strain, right shoulder tendinitis and right shoulder impingement syndrome. The treatment plan included Flurbi Cream-LA, Lidocaine 5%-Amitriptyline 5%, Gabacyclotram, physical therapy, electromyography/nerve conduction velocity test bilateral lower extremities, an interferential unit and a hot and cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi Cream-LA, Lidocaine 5%-Amitriptyline 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Page(s): 111.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, flurbiprofen is not approved for topical use and lidocaine is not indicated for the worker's complaints. Also, amitriptyline is not listed as one of the recommended topical agents used for treating chronic pain. Therefore, the request for Flurbi Cream-LA, Lidocaine 5%-Amitriptyline 5% is not medically necessary.

Gabacyclotram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Gabapentin Page(s): 113.

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

Decision rationale: Gabacyclotram is a topical analgesic combination drug preparation which includes gabapentin, cyclobenzaprine, and tramadol. The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently, particularly combination drug preparations such as gabacyclotram. The MTUS does list both gabapentin and all muscle relaxants as being non-recommended for topical use due to their lack of supportive data. In the case of this worker, gabacyclotram was recommended, which includes at least two non-recommended ingredients and therefore, will be considered non-recommended and is not medically necessary.

