

Case Number:	CM15-0091862		
Date Assigned:	05/18/2015	Date of Injury:	07/25/2012
Decision Date:	06/23/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury, July 25, 2012. The injury was sustained while lifting a heavy patient. The injured worker previously received the following treatments right shoulder MRI which showed mild acromioclavicular arthrosis with minimal subacromial bursitis, cervical spine MRI which showed mild multilevel degenerative disc disease, Lidoderm Patches, right shoulder arthroscopic surgery, home exercise program, Anaprox, Cyclobenzaprine, Ultram, Ibuprofen and Zofran. The injured worker was diagnosed with cervical degenerative disc disease, right shoulder pain, paraspinal muscle spasms, situational stress, insomnia secondary to pain, right shoulder x-rays showed mild to moderate AC joint degenerative changes, adhesive capsulitis of the shoulder and rotator cuff sprain/strain. According to progress note of February 2, 2015, the injured workers chief complaint was right shoulder stiffness and pain. The right shoulder pain awakens the injured worker during sleep when rolling over on the right shoulder. The injured worker was experiencing pain with activities of daily living such as dressing and combing hair. The physical exam of the right shoulder noted mild impingement and mild painful arc. There was decreased range of motion with flexion, abduction, external rotation contracture, internal rotation contracture with pain at the endpoints. The rotator cuff testing was 5 out of 5. The treatment plan included a new prescription for compound ointment Flurbiprofen/Cyclobenzaprine/Capsaicin/menthol crystals/Camphor crystals/PCCA Lidoderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzoprine/Capsaicin/Menthol crystals/ Camphor crystals/ PCCA Lipoderm base #120 30 day supply (3/4/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section NSAIDs Section Topical Analgesics Section Page(s): 28, 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. The request for Flurbiprofen/Cyclobenzoprine/Capsaicin/Menthol crystals/ Camphor crystals/ PCCA Lipoderm base #120 30 day supply (3/4/15) is determined to not be medically necessary.