

Case Number:	CM15-0096556		
Date Assigned:	05/26/2015	Date of Injury:	05/10/2012
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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, Hawaii
 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 59 year old, male who sustained a work related injury on 5/10/12. He was lifting a mold weighing 25-30 pounds and his right shoulder got stuck. The diagnoses have included cervical strain/sprain and right shoulder tendinosis. Treatments have included oral medications, medicated topical creams, physical therapy, chiropractic treatments, acupuncture, a facet block, home exercises and right shoulder surgery. In the Doctor's First Report of Occupational Injury or Illness dated 4/10/15, the injured worker complains of neck pain. He rates this pain level a 3/10. He complains of right shoulder pain. He rates this pain a 3/10. He has chronic pain syndrome. He has tenderness to the cervical spine area with decreased range of motion and spasm. He has tenderness to palpation of right shoulder. He has decreased range of motion and impingement in right shoulder. He had a stroke on 1/10/14 affecting his right arm and leg. The treatment plan includes a referral to bio behavioral pain management, a pain management consultation, for topical compound creams and for a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% (120gm): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has persistent neck and right shoulder pain. The current recommendation is for Flurbiprofen/Capsaicin/Camphor 10/.025%/2%/1% (120gm). The MTUS guidelines have this to say about topical analgesics. Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient is being treated for the cervical spine and shoulder. Flurbiprofen cream is not indicated for the current diagnosis per MTUS guidelines. As such, recommendation is that the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has persistent neck and right shoulder pain. The current recommendation is for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gm). The MTUS guidelines have this to say about topical analgesics. Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines further state that there is no indication for topical muscle relaxers. In this case, Cyclobenzaprine is a muscle relaxer and not indicated by the guidelines. Lidocaine is only indicated in patch form

as per the guidelines. As such, the documentation does not establish medical necessity as per the MTUS guidelines. The recommendation is that the request is not medically necessary.