

Case Number:	CM13-0011922		
Date Assigned:	06/06/2014	Date of Injury:	09/06/2007
Decision Date:	07/11/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old individual sustained an injury on 9/6/07. The mechanism of injury was not listed. There are ongoing complaints of neck pain with radiating pain, numbness and tingling in the bilateral upper extremities. A progress note dated 1/29/14 documents tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is restricted cervical range of motion with pain, tenderness to the anterior glenohumeral region and subacromial space with a positive Hawkins Impingement Sign, reproducible symptomatology with internal rotation and forward flexion; and discomfort over the top of the acromioclavicular joint with a positive O'Brien's, Tinel's, and Phalen's test. Diagnosis listed include cervical discopathy, left shoulder tendinitis/impingement, status post right cubital tunnel release, and bilateral carpal tunnel syndrome/double crush syndrome. Previous treatments include acupuncture, medications, a wrist brace, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID 10/2/0.0125/1%, #120 ML WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant) and specifically state the addition of Cyclobenzaprine to other agents is not recommended. As such, the request is not medically necessary.