

Case Number:	CM13-0025644		
Date Assigned:	06/06/2014	Date of Injury:	04/15/2011
Decision Date:	07/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/18/2013

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:

The injured worker is a 51-year-old female who was reportedly injured on April 15, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated August 7, 2013, indicated that there were ongoing complaints of pain in the bilateral wrist/hands/fingers, bilateral knees, neck, back, bilateral shoulders, left elbow, and the left hip. The physical examination demonstrated tenderness along the paravertebral muscles of the cervical spine and decreased cervical spine range of motion. The upper extremity neurological examination was normal. There was also tenderness along the lumbar spine paraspinal muscles and a normal lower extremity neurological examination. There was tenderness at the anterior aspect of each shoulder with a markedly positive impingement sign on the left side. Previous treatment included physical therapy, injections, pool therapy and oral medications. A request had been made for Cyclobenzaprine, Fluriflex and TG Hot, and was not certified in the pre-authorization process on August 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63 of 127.

Decision rationale: Cyclobenzaprine is a muscle relaxant indicated as a second line option of short-term treatment of acute exacerbations of chronic low back pain. The most recent progress note dated August 7, 2013, did not indicate that the injured worker was experiencing acute exacerbations nor were there any spasms on physical examination. For these reasons, this request for cyclobenzaprine is not medically necessary.

FLURIFLEX (FLURBIPROFEN/CYCLOBENZAPRINE 15/10%) CREAM #180 GM:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, only topical medications indicated for use are those containing anti-inflammatories, Lidocaine, or Capsaicin as there has not been shown to be any efficacy of additional compounded ingredients. As this request also contains Cyclobenzaprine, this request for Flurbiprofen/Cyclobenzaprine cream is not medically necessary.

TG HOT (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAICIN 8/10/2/.05%) CREAM #180 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, only topical medications indicated for use are those containing anti-inflammatories, Lidocaine, or Capsaicin as there has not been shown to be any efficacy of additional compounded ingredients. As this request contains multiple additional ingredients, it is not medically necessary.