

Case Number:	CM13-0025804		
Date Assigned:	11/01/2013	Date of Injury:	02/20/2011
Decision Date:	03/06/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Hawaii. 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 physician 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 patient is a 56 year old female with date of injury of 2/20/11. Medical documents indicate the patient is undergoing treatment for carpal tunnel syndrome, left shoulder bursitis, partial thickness rotator cuff (left), left wrist tear, and left elbow tendonitis. Subjective complaints include intermittent pain, but her strength and pain is minimally improved. Physical exam findings on 10/2/12 include restricted left shoulder range of motion, left elbow remains unchanged, range of motion remains intact and bilateral hands and wrists remain unchanged, range of motion remains intact. Treatment has included left shoulder arthroscopy with subacromial decompression on 5/19/12, physical therapy, Acetadryl, Cyclobenzaprine, naproxen, and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

retroactive request for compounded Flurbiprofen/Cyclobenzaprine (5/1/12, 9/4/12, and 10/2/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 41-42, 72, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended individually is not recommended as a whole. The Official Disability Guidelines recommend topical analgesics as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medical documents provided do not indicate concerns for neuropathic pain. While guidelines are limited regarding usage of topical Cyclobenzaprine, the ODG does state that there is no evidence for using of muscle relaxants as topical products. As such, the request is not medically necessary.