

Case Number:	CM13-0029458		
Date Assigned:	11/01/2013	Date of Injury:	01/20/2005
Decision Date:	02/13/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 52-year-old injured worker who sustained a work related injury on 01/20/2005. The patient is diagnosed as status post removal of hardware at C4-6 with anterior cervical decompression and fusion at C3-4 in 01/2012, status post motor vehicle accident with musculoligamentous sprain and strain in 03/2013, rotator cuff tear, bilateral upper extremity radiculopathy, and left hand carpal tunnel syndrome. The patient was seen by [REDACTED] on 07/29/2013, and the patient reported 5/10 pain. Physical examination revealed a well-healed incision in the cervical spine, 5/5 motor strength in bilateral upper extremities with the exception of the left abductor pollicis brevis, diminished cervical range of motion, decreased sensation to light touch over 3 radial digits in the left hand, mild thenar atrophy in the left hand, and increased 2 point discrimination in the left hand in the median nerve distribution. Treatment recommendations included continuation of current medication including flurbiprofen gel and Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Flurbiprofen 20% gel: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. As per the clinical notes submitted, the patient does present with signs and symptoms of neuropathic pain. However, there is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. The request for a refill of Flurbiprofen 20% gel, is not medically necessary and appropriate.

Refill of Medrox Patches: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. As per the clinical notes submitted, the patient does present with signs and symptoms of neuropathic pain. However, there is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. The request for a refill of Medrox Patches is not medically necessary and appropriate.