

Case Number:	CM13-0042501		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2013
Decision Date:	02/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 53-year-old male who reported an injury on 02/13/2013 due to repetitive trauma while performing normal job duties. The patient reportedly sustained an injury to the right hand, right elbow, and right shoulder. The patient was initially treated with topical analgesics and physical therapy. The patient was evaluated on 05/22/2013 which revealed the patient had continued complaints of right elbow and right shoulder pain. Physical findings included full range of motion, a positive impingement sign, tenderness to palpation at the acromioclavicular joint, and a positive supraspinatus test. Evaluation of the elbow revealed a positive Cozen's sign and pain with range of motion. The patient's diagnoses included right elbow lateral epicondylitis and right shoulder impingement syndrome. The patient's treatment plan included continuation of physical therapy, acupuncture, and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for cyclobenzaprine/flurbiprofen (duration and frequency unknown), dispensed on 05/30/2013 for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation the US National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2011 (<http://www.ncbi.nlm.nih.gov/pubmed/>).

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

Decision rationale: The Chronic Pain Guidelines do not support the use of topical analgesics as there is little scientific evidence to support efficacy and topical analgesics are considered largely experimental. The guidelines do not recommend the use of muscle relaxants such as cyclobenzaprine as topical agents as there is little scientific evidence to support efficacy and safety. Additionally, the guidelines do not recommend the use of non-steroidal anti-inflammatory drugs as topical agents unless oral formulations are contraindicated or not tolerated by the patient. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to oral analgesics. Therefore, the continued use of cyclobenzaprine/flurbiprofen is not medically necessary or appropriate.