

Case Number:	CM13-0058220		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2007
Decision Date:	06/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 58-year-old female presenting with neck and back pain following a work-related injury on January 23, 2007. On November 15, 2013 the claimant presented with dizziness and severe neck pain as well as bilateral hand pain. The pain is described as throbbing, shooting, sharp pain in her neck, causing dizziness and difficulty sitting and driving. The physical exam was significant for decreased grip strength, palpable spasms globally in the neck, cervical spine as well as over the trapezius muscle on the right and the left side with palpable dense spasms. The claimant was diagnosed with neck spasms and pain, bilateral wrist, hand, elbow pain, bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases, bilateral cubital tunnel syndrome status post bilateral cubital tunnel releases, and bilateral thumb first CMC arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE POWDER 3 GM DISPENSED ON 9/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: Cyclobenzaprine powder 3 grams dispensed on 9/6/2013 is not medically necessary. According to the MTUS guidelines, "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Therefore, the medication is not medically necessary.

RETROSPECTIVE REQUEST FOR FLURBIPROFEN POWDER 6 GM DISPENSED ON 9/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: Flurbiprofen powder 6 grams dispensed on 9/6/2013 is not medically necessary. According to California MTUS guidelines, "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Flurbiprofen, which is a topical NSAID, MTUS guidelines indicates this medication is for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. Therefore, the medication is not medically necessary.

RETROSPECTIVE REQUEST FOR TRAMADOL POWDER 6GM DISPENSED ON 9/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: Tramadol powder 6 grams dispensed on 9/6/2013 is not medically necessary. According to California MTUS guidelines, "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended.
Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Therefore, the medication is not medically necessary.