MAXIMUS Federal Services

Case Number:	CM13-0068462		
Date Assigned:	01/03/2014	Date of Injury:	06/07/2012
Decision Date:	05/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 California. 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 55-year-old male who reported an injury on 06/07/2012. The mechanism of injury involved a fall. Current diagnoses include displacement of cervical intervertebral disc without myelopathy; brachial neuritis or radiculitis; disorders of the bursae and tendons in bilateral shoulders; osteoarthritis, localized, primary, involving the bilateral shoulder regions; and myalgia/myositis, unspecified. The injured worker was evaluated on 08/23/2013. The injured worker has been previously treated with physical therapy and left knee injections. The injured worker reported persistent pain in the bilateral shoulders and cervical spine. Current medications include Tramadol ER, Cyclobenzaprine, Protonix, Gabapentin and topical ointments. Physical examination revealed tenderness at the acromiclavicular joint, tenderness in the upper trapezius and subscapularis, negative Tinel's and Phalen's testing, limited shoulder range of motion bilaterally, motor deficit of the deltoid and biceps bilaterally, tenderness to palpation of the cervical spine, positive Spurling's maneuever and foraminal compression testing, limited cervical range of motion, and intact sensation. Treatment recommendations at that time included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION CONTAINING TRAMADOL, GAGBAPENTIN, CYCLOBENZAPRINE AND LIDOCAINE (7/7/5/4%), 120-GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no evidence for the use of any antiepilepsy drug as a topical product. Cyclobenzaprine is also not recommended. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

COMPOUND MEDICATION CONTAINING FLURBIPROFEN, CAPSAICIN, MENTHOL, AND CAMPHOR (10/0.025/2/1%), 120-GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA-approved topical NSAID(non-steroidal anti-inflammatory drugs)is Diclofenac. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

COMPOUND MEDICATION CONTAINING KETPROFEN, CYCLOBENZAPRINE AND LIDOCAINE (10/3/5%), 120-GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. The only FDA-approved topical NSAID(non-steroidal anti-inflammatory drugs) is diclofenac. Therefore, the current request cannot be

determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

URINE ANALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no evidence of noncompliance or misuse of medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate.