

Case Number:	CM13-0069929		
Date Assigned:	01/03/2014	Date of Injury:	10/10/2011
Decision Date:	04/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine and is licensed to practice in New York. 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 49 year old male with a date of injury on 10/10/2011. The mechanism of injury was not provided. The listed diagnosis is trauma arthropathy and cervical radiculopathy. On 09/24/2013 he had a listed diagnosis of traumatic left shoulder degenerative changes with impingement, multiple tender points rule out fibromyalgia, chronic neck pain and chronic back pain. On 10/28/2013 he had back, left shoulder, left lower extremity and left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Gabapentin cream: Upheld

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

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

Decision rationale: The patient has chronic pain. According to MTUS topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Also, any compound topical medication that contains only one ingredient that is not recommended is noted to be not medically necessary or not recommended as a compound.

Neurontin (gabapentin) topical is not recommended, nor is cyclobenzaprine topical. Therefore, this compounded drug is not medically necessary.

Flurbiprofen 20% cream: Upheld

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

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

Decision rationale: The patient has chronic pain. According to MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Also, any compound topical medication that contains only one ingredient that is not recommended is noted to be not medically necessary or not recommended as a compound. Topical NSAIDS have been superior to placebo only in the first two weeks and then either not different from placebo or lose their efficacy. Therefore, Flurbiprofen cream, in this case, has not been requested in accordance with MTUS guidelines and is not medically necessary.