

Case Number:	CM14-0004057		
Date Assigned:	02/05/2014	Date of Injury:	06/17/2011
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 patient is an employee of [REDACTED] who has submitted a claim of neck pain associated from an industrial injury date of June 17, 2011. Treatment to date has included left carpal tunnel release (10/3/11), left shoulder arthroscopic subacromial decompression with partial acromioplasty, biceps tenodesis, distal clavicle resection and debridement of the glenohumeral joint (6/4/12), left elbow revision ulnar nerve decompression, left wrist revision median nerve decompression (4/24/13), cervical trigger point injections (6/27/13), acupuncture, home exercise program, and medications with include Gabapentin, naproxen, Hydrocodone/APAP, Tizanidine, Ibuprofen, vitamin B12 injections, and Toradol injections. Medical records from 2013-2014 were reviewed, the latest of which dated January 15, 2014 revealed that the patient complains of neck pain that radiates to the left upper extremity. The patient also complains of left upper extremity pain, left wrist pain, left elbow pain and left shoulder pain. The patient's pain level is unchanged with average pain level of 6/10 with medication and 9/10 without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS CMPD-FLURBIPRO/CYCLOBENZ/BACLOFEN/LIDOCAINE/CABAPE DAY SUPPLY: 30 QTY: 300 REFILLS: 2: 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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, the patient is on oral pain medications since January 18, 2013. No report in the medical records that patient cannot tolerate the said medications. The guideline state that there is little evidence to support the use of topical NSAIDs (flubiprofen) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state that there is no evidence to support the use of topical cyclobenzaprine, lidocaine (in creams, lotion or gels), Baclofen and other muscle relaxants. The use of flubiprofen, cyclobenzaprine, baclofen or lidocaine in a topical formulation is not recommended. Therefore the request for pos compd- flurbipro/cyclobenz/baclofen/ lidocaine/gabape #300 with 2 refills is not medically necessary.