

Case Number:	CM14-0104646		
Date Assigned:	07/30/2014	Date of Injury:	01/17/2012
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Practice 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:

46 yr. old male claimant sustained a work injury on 1/17/12 involving the left shoulder and low back. He had a rotator cuff tear and underwent shoulder surgery. He was diagnosed additionally with lumbar radiculopathy, left shoulder supraspinatus tendonitis/arthritis. He had undergone physical therapy and used analgesics for pain management. A progress note on 6/3/14 indicated the claimant had persistent shoulder and back pain. Physical findings included tenderness to palpation in the paralumbar region and a positive apprehension sign in the left shoulder. He was given oral Tramadol, Cyclobenzaprine, Naproxen and topical Flurbiprofen 25%, Cyclobenzaprine 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm Flurbiprofen 25%, Cyclobenzaprine 2%: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. . Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine is a muscle relaxant. Since it is contained in the topical compound in question, the topical compound above is not medically necessary.