

Case Number:	CM14-0106161		
Date Assigned:	07/30/2014	Date of Injury:	11/22/2013
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 11/22/2013 due to cumulative trauma injury to her back, both shoulders, hands, and wrists. Diagnoses for the injured worker were right shoulder full-thickness rotator cuff tear, right shoulder superior labrum tear, left shoulder rotator cuff syndrome, rule out tear, bilateral carpal tunnel syndrome, undifferentiated connective tissue disease, and fibromyalgia. Past medical treatments for the injured worker were physical therapy, cortisone injections to the wrists for carpal tunnel, wrist splints, and acupuncture therapy 2 times a week for 4 weeks. The injured worker has had diagnostic studies of electromyography /nerve conduction velocity (EMG/NCV) with findings consistent with severe carpal tunnel in the left hand greater. She has also had x-rays of her hands and shoulders and a magnetic resonance imaging (MRI) was ordered for her bilateral shoulders. There have been no surgeries reported. Examination of the bilateral shoulders revealed limited range of motion. On the right, flexion was to 160 degrees, abduction 160 degrees, internal rotation was to 50 degrees, and external rotation was to 70 degrees. On the left, flexion was to 160 degrees, extension was to 150 degrees, internal rotation was to 60 degrees, and external rotation was to 70 degrees. Muscle strength was 4+/5 with flexion, abduction, and external rotation. Neer's impingement and Hawkins impingement test were positive. There was painful arc of motion noted over 135 degrees. Examination of the bilateral wrists revealed limited range of motion bilaterally with flexion and extension to 40 degrees. Phalen's and Tinel's tests were positive. Sensation was decreased at 4/5 in the medial nerve distribution bilaterally. Medications for the injured worker were Zoloft, Neurontin, Tylenol, and Voltaren gel. Treatment plan was to request for authorization for acupuncture treatment and to continue with medications as prescribed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Flurbiprofen / Cyclobenzaprine / Menthol (quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e1072b73-6f3d-4cc1-b78d-e51>.

Decision rationale: The request for flurbiprofen/cyclobenzaprine/menthol (quantity unknown) is not medically necessary. The California Medical Treatment Utilization Schedule states topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are most often recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical analgesics are recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. This medication contains a muscle relaxant, cyclobenzaprine, and the medical guidelines state that there is no evidence for use of any other muscle relaxant as a topical product. The other ingredient in this medication is menthol. It is used for the temporary relief of minor aches and pains of muscles and joints associated with simple backache, arthritis, and strains. The request does not indicate the frequency for this medication or the quantity. The medical guidelines do not support the use of compounded medications when one or more of the ingredients are not recommended. The efficacy of the medication was not provided to support continuation. Therefore, the request is not medically necessary.