

Case Number:	CM14-0106224		
Date Assigned:	07/30/2014	Date of Injury:	06/05/2013
Decision Date:	10/08/2014	UR Denial Date:	06/27/2014
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 and rehabilitation, has a subspecialty in Interventional Spine 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 a 64 years old female with an injury date on 06/05/2013. Based on the 06/06/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine hyperextension/hyperflexion. 2. Right shoulder impingement. 3. Lumbar hyperextension/hyperflexion. 4. Bilateral knee contusions. According to this report, the patient complains of neck, low back and right shoulder pain. The patient has persistent stabbing pain in the neck and low back which rates as 5-6/10 on the pain scale. Pain at the bilateral shoulder is rated as 3/10. Physical exam reveals tenderness at the occipital insertion of the paracervical musculature, trapezius muscles, thoracolumbar paraspinal muscles, SI joint, sternoclavicular joint, right anterior capsule, and right AC joint. Range of motion of the cervical spine and right shoulder are restricted with discomfort and pain. Cervical compression test, Neer's, Hawkins' maneuver and impingement sign are positive. There were no other significant findings noted on this report. The utilization review denied the request on 06/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/01/2013 to 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurFlex Cream - Flurbiprofen 15%, Cyclobenzaprine 10%, 180 grams: Upheld

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

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

Decision rationale: According to the 06/06/2014 report by [REDACTED] this patient presents with neck, low back and right shoulder pain. The treater is requesting FlurFlex Cream - Flurbiprofen 15%, Cyclobenzaprine 10%, 180 grams. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended than the entire compound is not recommended. In this case, Cyclobenzaprine is not recommended for topical formulation as there is little to no evidence proving safety and efficacy. The request is not medically necessary.

TGHoT Cream - Tramadol 8%, Gabapentin 10%, Menthol 2%, Camp 2%, Capsaicin 0.05%, 180 grams: Upheld

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

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

Decision rationale: According to the 06/06/2014 report by [REDACTED] this patient presents with neck, low back and right shoulder pain. The treater is requesting TGHoT Cream- Tramadol 8%, Gabapentin 10%, Menthol 2%, Camp 2%, Capsaicin 0.05%, 180 grams. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended than the entire compound is not recommended. In this case, Tramadol and Gabapentin are not recommended for topical formulation as there is little to no evidence proving safety and efficacy. The request is not medically necessary.