MAXIMUS Federal Services

Case Number:	CM14-0109483		
Date Assigned:	08/01/2014	Date of Injury:	04/10/2007
Decision Date:	09/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Texas and Oklahoma. 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 47-year-old female who reported an injury on 04/10/2007 due to an unspecified mechanism of injury. On 06/10/2014 she reported aggravation of her right shoulder and described bilateral shoulder pain as aching and rated at an 8/10 on the right and 5/10 on the left. She also reported pain in both hands rated an 8/10 on the right and a 5/10 on the left, pain in bilateral feet in the plantar region rated at a 6/10, and noted that her cervical spine continued to be mildly symptomatic. A physical examination of the cervical spine revealed tenderness at the occipital insertion of the paracervical musculature, mild tenderness bilaterally in the trapezii, and midline base of the cervical spine was noted to be tender, neurological testing was intact. Range of motion to the cervical spine was documented as cervical flexion to 30 degrees, extension at 20 degrees noted with discomfort, inhibition of rotation to the right and left to only 20 degrees, and scapular retraction was limited and produced rhomboid pain. Shoulder motion was noted to be accompanied by trapezius tenderness and pain, reflexes were intact, sensation was intact in all upper extremities, and there was mild inhibition by the neck pain but no gross weakness was noted. Examination of the right shoulder revealed exquisite tenderness with palpation to the rhomboid muscles and infra and supra subscapularis muscles, crepitus on motion was noted to be present, and range of motion was noted to be limited. She had a positive impingement sign and 5/5 strength. Examination of the bilateral feet revealed tenderness to palpation of the plantar fascia, flexion and extension aggravated the injured worker's complaints. She was noted to be status post right shoulder arthroscopic surgery performed on 01/10/2011. She was diagnosed with cervical discopathy, bilateral shoulder overuse tendinitis, right shoulder impingement syndrome, left carpal tunnel syndrome, teres minor syndrome in the right upper extremity, status post right rotator cuff repair and arthroscopic surgery on 01/10/2011, status post right carpal tunnel release on 12/12/2013, and plantar arch partial tear with plantar fasciitis. Her medications

included Advil and transdermal creams for inflammation and pain. Past treatment included surgery and medications. The treatment plan was for Flurifex Flurbiprofen/cyclobenzaprine 15/10% 180 gm cream. The Request for Authorization form was signed on 06/06/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex Flurbiprofen/Cyclobenzaprine 15/10% 180gm 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): 111-114.

Decision rationale: The request for FluriFlex Flurbiprofen/cyclobenzaprine 15/10% 180 gm cream is non-certified. It was noted that the injured worker was using topical analgesics for pain and inflammation. The California MTUS Guidelines state that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical NSAIDs are indicated for osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short term use of 4 to 12 weeks. Topical muscle relaxants are not recommended as there is no evidence for use of any other muscle relaxants as a topical product. There is a lack of documentation regarding objective functional improvement with the use of this medication to warrant continued use. In addition, it is unclear how long the patient has been utilizing this medication. Without knowing how long the length of treatment with this medication, continued use would not be supported. In addition, the requesting physician failed to mention the frequency of the medication within the request. Furthermore, cyclobenzaprine is not recommended as a topical agent as there is no evidence to support efficacy. The request is not supported by the guideline recommendations as cyclobenzaprine is not recommended as a topical agent and the frequency of the medication is unclear. As such, the request for FluriFlex Flurbiprofen/Cyclobenzaprine 15/10% 180gm cream is not medically necessary and appropriate.