MAXIMUS Federal Services

Case Number:	CM14-0151528		
Date Assigned:	09/19/2014	Date of Injury:	03/10/2012
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neurology, has a subspecialty in Neurological Medicine, and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work related injury on March 10, 2012. Subsequently, she developed right shoulder pain. The patient underwent a right shoulder surgery on December 7, 2012. According to a progress report dated July 5, 2014, the patient complains of burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. The patient rated the pain as 5-6/10. Her pain is described as intermittent to constant, moderate to severe. The patient stated that the symptoms persisted but the medications offered some relief. Her physical examination of the right shoulder revealed tenderness to palpation at the AC joint, subacromial space and supraspinalus muscles with reduced range of motion. Supraspinatus test positive, Neer's impingement sign test positive, and drop arm test positive. Sensation to pinprick and light touch is intact over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. Vascular pulses are 2+ and symmetrical in the bilateral upper extremities. The patient was diagnosed with status post right shoulder surgery with residual pain, right shoulder tendonitis, right shoulder bursitis, and right shoulder AC arthrosis. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Flurbiprofen/Tramadol 210gm (DOS 7/31/14): 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Flurbiprofen/Tramadol 210gm is not medically necessary.

Retrospective usage of Cyclobenzaprine/Tramadol/Flurbiprofen 210gm (DOS 7/31/14): 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of shoulder pain. Therefore, Cyclobenzaprine/Tramadol/Flurbiprofen cream is not medically necessary.

Prospective usage of Flurbiprofen/Tramadol 210gm: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Flurbiprofen/Tramadol 210gm is not medically necessary.

Prospective usage of Cyclobenzaprine/Tramadol/Flurbiprofen 210gm: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of Knee pain. Therefore, Cyclobenzaprine/Tramadol/Flurbiprofen cream is not medically necessary.