

Case Number:	CM14-0153609		
Date Assigned:	09/23/2014	Date of Injury:	03/07/2008
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic Surgery 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 claimant is a 59-year-old female who was injured in a work related accident on 03/07/08. The medical records provided for review included a progress report dated 08/20/14 describing subjective complaints of left knee and left shoulder pain and sleep disruption; the shoulder pain worse with activities and the knee pain worse with weight bearing. The claimant has been trying to perform home exercises and utilizing medication management including topical agents due to an inability to tolerate non-steroidal medications. Physical examination of the left shoulder showed restricted range of motion in endpoints of flexion and abduction, previous surgical scarring and positive impingement testing. Physical examination of the lower extremities revealed an antalgic gait pattern, restricted left knee function with four out of five strength and flexion to 125 degrees. The treating physician recommended continuation of medication management for a diagnosis of "status post shoulder surgery with intraarticular pathology," continued shoulder impingement syndrome, and left knee chondromalacia and weakness. Medications included Flexeril, Prilosec, and a topical compound containing cyclobenzaprine and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 15% 240 g: 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): pages 111-113..

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for continued use of the topical compound containing Naprosyn would not be indicated. Chronic Pain Guidelines do not support the topical use of Naprosyn as there is no support for its efficacy. The use of topical anti-inflammatory medication is typically reserved for individuals demonstrating osteoarthritis and joints amicable for topical treatment. The only topical anti-inflammatory recommended by the guideline criteria is Diclofenac. Also, regarding the use of topical non-steroidal, one of the joints not amenable to topical treatment is the shoulder. Therefore, the clinical request for continuation of topical medications including an agent that is not supported by Chronic Pain Guideline criteria to be used on a joint that is not supported by guideline criteria would not be indicated.

Cyclobenzaprine 2% 60g: 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): page 111-113..

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support continued use of topical Cyclobenzaprine as medically necessary. According to the Chronic Pain guidelines, muscle relaxants should be used as second line agents with caution for acute symptomatic exacerbation in individuals with chronic pain complaints. Clinical records in this case do not indicate that the claimant's pain complaints are in response to an acute exacerbation when gauged by subjective complaints and physical examination findings. There would presently be no indication of the chronic or long term use of muscle relaxants in this individual.

Prilosec 60 mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec: NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support oral use of Prilosec. For use of this, the claimant must have a risk factor for a gastrointestinal (GI) event based on the Chronic Pain Guideline criteria. The claimant is not older than 65 years and there is no documentation that the claimant has a history of peptic ulcer disease, GI bleeding, or perforation, concordant use of aspirin, corticosteroid, anticoagulants, or

high dose multiple non-steroidal occasion usage. Without documentation of a risk factor from a GI perspective, the use of this agent cannot be supported.

Flexeril 5 mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines would not support the topical use of Flexeril. The Chronic Pain Guidelines do not support the use of muscle relaxants in the topical setting as there "no evidence for use of any muscle relaxants as a topical product." Therefore, the use of Flexeril in this individual in a topical compounding formula cannot be supported.