

Case Number:	CM14-0158354		
Date Assigned:	10/02/2014	Date of Injury:	01/08/2009
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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 66-year-old female with an injury date of 01/08/2009. According to the 04/29/2014 progress report, the patient complains of having pain in her right posterior neck, right shoulder, right lower back, left knee, right knee, left ankle, right ankle, left shoulder as well as having face pain and right headaches. The 02/25/2014 report also indicates that the patient has nausea secondary to throbbing, burning right-sided headaches. The patient's right posterior neck pain also comes with decreased range of motion, stiffness, and tingling. Her right shoulder pain radiates to her neck, right elbow, right hand, and right wrist. Her right shoulder also has a decrease range of motion and weakness. The left shoulder pain radiates to her left arm, left fingers, left hand, and left wrist. The patient describes her headaches as being in the frontal, parietal, and occipital region, achy in nature. Her right lower back pain radiates to the right buttock, right calf, right foot, right hip, right toes, and right upper back. Her right knee pain radiates into the right ankle, right calf, and right foot. Her left ankle suffers decreased range of motion, stiffness, swelling, and weakness. The right ankle also has decreased range of motion, increased sensitivity, numbness, stiffness, swelling, tingling, and weakness. The patient's diagnoses include the following: 1. Cervicobrachial syndrome. 2. Shoulder tenosynovitis, R. 3. Tenosynovitis, ankle, left. 4. Headaches. 5. Probable posttraumatic insomnia. 6. Lumbar neuritis. 7. Postop - right knee. 8. Postop - left knee. The utilization review determination being challenged is dated 09/22/2014. There were two treatment reports provided from 02/25/2014 and 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal/Cyclobenzaprine/Gaba: 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 04/29/2014 progress report, the patient complains of having right posterior neck pain, right shoulder pain, right headaches, right lower back pain, left knee pain, right knee pain, left ankle pain, right ankle pain, and left shoulder pain. The request is for transdermal Cyclobenzaprine/Gaba. According to MTUS Guidelines, "Any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is not supported by MTUS for topical use. Recommendation is for denial.

Transdermal/Tramadol: 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: Based on the 04/29/2014 progress report, the patient complains of having pain in her right posterior neck, right shoulder, and right lower back, left knee, right knee, left ankle, right ankle, and left shoulder. The request is for transdermal Tramadol. MTUS, pages 111 - 113 states that topical analgesics 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 any of these agents. Any compounded product that contains at least one drug (or drug class) is not recommended is not recommended." The guidelines do not include tramadol for topical compound. There is lack of evidence that topical Tramadol can help chronic pain. Recommendation is for denial.

Transdermal/Flurbiprofen: 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: Based on the 04/29/2014 progress report, the patient complains of having right posterior neck pain, right shoulder pain, right lower back pain, left knee pain, right knee pain, left ankle pain, right ankle pain, and left shoulder pain. The request is for transdermal

Flurbiprofen. MTUS Guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial/spinal pain, but for peripheral joint arthritis and tendinitis. There is no indication where the patient will be applying this topical ointment to. There is no discussion provided on this medication's efficacy. The patient does not present with peripheral joint arthritis/tendinitis for which topical NSAIDs are indicated. Recommendation is for denial.