

Case Number:	CM14-0166694		
Date Assigned:	10/13/2014	Date of Injury:	09/12/2013
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 32 year old female, who reported an injury on 09/12/2013. The mechanism of injury was not provided. Her diagnoses included adhesive capsulitis of the right shoulder with impingement syndrome of the shoulder. Past treatments included medications, physical therapy and surgery. On 07/03/2014, the injured worker complained of pain of the right shoulder rated at 5/10. Upon examination, she had stiffness and weakness to the internal and external rotation of the right shoulder. The injured worker's medications included Norco 10/325 mg 1-2 tabs every 6-8 hours as needed and Prilosec 20 mg 1 capsule 2 times a day. The treatment plan included continuation of physical therapy and medications. A request was received for Flurbiprofen/cyclo/menth Cream 20%/10%/4% #180 gms. The rationale and Request for Authorization form were not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/cyclo/menth Cream 20%/10%/4% #180 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flurbiprofen/cyclo/menth Cream 20%/10%/4% #180 gms, is not medically necessary. California MTUS Guidelines state that topical analgesics are highly experimental and are recommended only when trials of antidepressants and anticonvulsants have failed. Also, topical compounds that contain at least one drug that is not recommended, are also not recommended. Guidelines also state that use of topical NSAIDs have not been evaluated for the spine, hip or shoulder, disqualifying the use of Flurbiprofen. In addition, the guidelines state that muscle relaxants are not recommended due to lack of evidence for topical use. The injured worker has been taking Norco, however, documentation does not support the failure of the medication regimen. Therefore, as the requested compound contains cyclobenzaprine and Flurbiprofen which are not recommended, the compound is also not recommended. The provider does not indicate the site at which the medication is indicated for, the quantity, or the frequency in the request as submitted. As such, the request is not medically necessary.