MAXIMUS Federal Services

Case Number:	CM14-0176976		
Date Assigned:	10/30/2014	Date of Injury:	06/16/2009
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old female who was injured at work on 06/16/2009. She is reported to be complaining of burning, stabbing, dull, achy, radicular 7/10 neck pain, 7/10 shoulders pain, 9/10 low back pain, 6/10 wrists pain, and 5/10 knees pain; and spasms. The pain is associated with numbness and tingling sensations. In addition, she suffers from persistent headaches, which she described as 4-5/10, constant, moderate to severe. The physical examination revealed limited range of motion of the cervical spine, shoulders, wrists, and lumbar spine. Palpable tenderness was noted in the neck, AC joint, wrists, knees and low back. Also, she had positive Neer's and Hawking's impingement in bilateral shoulders. There was decreased sensations and muscle strength in the upper limbs. The Lumbar straight leg tests and the Braggard's tests were positive in the bilaterally. The knees demon stared positive McMurray's and Lachman's tests in bilateral knees. The worker has been diagnosed of headaches, Cervical spine degenerative disc disease, R/O cervical radiculopathy, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral De Quervain's tenosynovitis, bilateral carpal tunnel syndrome, Lumbago, Lumbar spine radiculopathy, bilateral knee internal derangement, Anxiety disorder, mood disorder, sexual dysfunction, sleep disorder, R/O bilateral knee Meniscal tear. Treatments have included manipulations, Acupuncture, injections. At dispute are the requests for Topical Compound Cyclobenzaprine 2percent, Flurbiprofen 25percent, 180 Grams, and Capsaicin 0.025percent, Flurbiprofen 15percent, Gabapentin 10percent, Menthol 2percent, Camphor 2percent, 180 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cyclobenzaprine 2percent, Flurbiprofen 25percent, 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 06/16/2009. The medical records provided indicate the diagnosis headaches, Cervical spine degenerative disc disease, R/O cervical radiculopathy, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral De Quervain's tenosynovitis, bilateral carpal tunnel syndrome, Lumbago, Lumbar spine radiculopathy, bilateral knee internal derangement, Anxiety disorder, mood disorder, sexual dysfunction, sleep disorder, R/O bilateral knee Meniscal tear. Treatments have included manipulations, Acupuncture and injections. The medical records provided for review do not indicate a medical necessity for Topical Compound Cyclobenzaprine 2percent, Flurbiprofen 25percent, and 180 Grams. The MTUS recommends against the use of compounded product that contains at least one drug (or drug class) that is not recommended. Since neither Cyclobenzaprine nor Flurbiprofen is recommended as a topical agent, the requested treatment is not medically necessary and appropriate.

Capsaicin 0.025percent, Flurbiprofen 15percent, Gabapentin 10percent, Menthol 2percent, Camphor 2percent, 180 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 06/16/2009. The medical records provided indicate the diagnosis headaches, Cervical spine degenerative disc disease, R/O cervical radiculopathy, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral De Quervain's tenosynovitis, bilateral carpal tunnel syndrome, Lumbago, Lumbar spine radiculopathy, bilateral knee internal derangement, Anxiety disorder, mood disorder, sexual dysfunction, sleep disorder, R/O bilateral knee Meniscal tear. Treatments have included manipulations, Acupuncture, injections. The medical records provided for review do not indicate a medical necessity for Capsaicin 0.025percent, Flurbiprofen 15percent, Gabapentin 10percent, Menthol 2percent, Camphor 2percent, 180 Grams. The MTUS recommends against the use of compounded product that contains at least one drug (or drug class) that is not recommended. Since Flurbiprofen, Gabapentin, Menthol, nor Camphor is recommended as a topical agent, the requested treatment is not medically necessary and appropriate.