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| Case Number: | CM14-0185913 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 12/21/2012 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed for chronic neck, bilateral upper extremity, low back, bilateral shoulder, bilateral elbow, bilateral wrist, bilateral knee, and bilateral foot pain with superimposed fibromyalgia reportedly associated with an industrial injury of December 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; multiple prior shoulder surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator approved a request for oral tramadol while denying the request for topical flurbiprofen containing compound. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note, the applicant was given prescriptions for oral tramadol and a topical Keratek analgesic gel to combat ongoing multifocal neck, bilateral upper extremity, low back, bilateral shoulder, bilateral elbow, bilateral wrist, bilateral knee, and bilateral foot pain, 5-9/10. A 10-pound lifting limitation was endorsed. The applicant was not working with said limitation in place, it was acknowledged. On August 20, 2014, 6-8/10 neck, shoulder, and low back pain complaints were appreciated. Ultram and topical agents were endorsed. Permanent work restrictions imposed by a medical-legal evaluator were renewed. In a September 16, 2014 progress note, the applicant reported ongoing complaints of shoulder pain, 8-9/10, reportedly worsening. A shoulder MRI, tramadol, and a flurbiprofen-cyclobenzaprine-menthol cream were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%, 10%, 4%, 180gm: 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: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of tramadol, a first-line oral pharmaceutical, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" compound at issue. Therefore, the request was not medically necessary.