

<b>Case Number:</b>	CM14-0020193		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 employee is a 58-year-old female who sustained a work-related injury to her neck, shoulders, hands, wrists, hips, right knee, feet, and ankles on November 4, 2011, secondary to repetitive work. Previous treatment has included a carpal tunnel release of her right wrist which has improved her symptoms. In orthopedic evaluation dated October 2, 2013, states that the injured employee continues to complain of pain and the above stated regions to include numbness and tingling in her left hand. The physical examination on this date noted tenderness along the trapezius muscles and normal cervical range of motion. There was tenderness of the anterior aspect of both shoulders and normal shoulder range of motion. There were positive impingement tests to the shoulders. Decreased grip strength was noted in the left-hand and there was a positive Phalen's and Tinel's test of the left wrist. Decreased sensation was noted to the thumb, index, and middle finger of the left hand. There was normal lower extremity range of motion, strength, and sensation. Examination of the right knee noted medial joint line tenderness and a positive McMurray's test and Apley's compression test. There was bilateral ankle swelling noted at the lateral aspect and a positive anterior drawer sign of the ankle bilaterally. X-rays of the cervical spine noted degenerative disc disease at the C-5/C6 level. X-rays of the right shoulder and left shoulder noted spurring at the under surface of the acromion. X-rays of the hips noted evidence of pincer impingement and right knee x-rays were normal. Spurring was noted at the calcaneal insertion of both Achilles tendons. There was a diagnosis of C5/C6 disc herniation, rotator cuff tears and impingement syndrome of both shoulders, bilateral hip strain with pincer impingement, medial meniscus tear of the right knee, and bilateral ankle instability. Prior treatment was stated to include physical therapy, injections, medication, bracing, and rest of the left wrist. A carpal tunnel release of the left wrist was recommended as this was indicated to be the injured employee's most symptomatic issue. A left wrist carpal tunnel release was performed

on January 7, 2014. A prior utilization management review dated January 28, 2014, indicated the request for cyclobenzaprine was partially approved, Byotin was partially approved, Flurbitec was denied, and both Flurbiprofen and Keratek gel were denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 7.5 MG #90 1 TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommends Flexeril as an option for short course of therapy for brief periods of time. This request indicates that it has been prescribed for usage three times a day on a daily basis. It would be acceptable for Flexeril to be used on episodic basis to treat "flares" of chronic musculoskeletal pain. As that is not the intention for this prescription this request for Flexeril is not certified.

**Flurbiprofen Theraflex Transdermal Cream Apply 2-3 X A Day 120 GM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines flurbiprofen Page(s): 72.

**Decision rationale:** Flurbiprofen is a topical anti-inflammatory medication used to treat mild to moderate pain and would be appropriate to use for the injured employees multiple orthopedic maladies. However this medication should only be prescribed after a trial of antidepressants have failed. There was no mention in the attached medical record that the injured employee has failed to improve with the use of antidepressant medications. Therefore this request for flurbiprofen is not certified.

**Biotin 250/10 MG 2 Tablets Daily For Nerve Pain #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

**Decision rationale:** Biotin is a medication to assist in the metabolism of carbohydrates, fats, and proteins to help maintain healthy hair and nails and improve the bodies use of insulin. There is no indication for this medication for the injured employees compensable issues.

**Flurbitac 100/100 MG #60 1 Capsule Orally 2-3 Times Daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation There is no citation that applies to this particular request. The determination has been based off my clinical experience and the standard of care for this request.

**Decision rationale:** There is no mention on the medication Flurbitac in the California MTUS guidelines or the Official Disability Guidelines. This is an over-the-counter preparation for a calcium supplement. There are no noted citations relative to this preparation and there is no data presented as to why this is clinically indicated. With this, the request is not certified.

**Keratek Gel 4 OZ Apply 2-3 Times Daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines does not endorse the usage of topical analgesics with unapproved ingredients such as menthol contained in Keratek. Additionally there is no mention in the attached medical record of the efficacy of this medication. For these reasons this request is not certified.