

Case Number:	CM14-0034897		
Date Assigned:	06/23/2014	Date of Injury:	11/14/2011
Decision Date:	08/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/20/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 11/14/2011, after pulling weeds. The injured worker reportedly sustained an injury to her right shoulder. The injured worker's treatment history included 2 rotator cuff surgeries. The injured worker ultimately developed frozen shoulder and chronic pain. The injured worker was evaluated on 12/03/2014. It was documented that the injured worker complained of shoulder and low back pain. The injured worker's diagnoses included, pain in shoulder joint, bursitis and tendonitis of the shoulder region, adhesive capsulitis of the shoulder, cervicgia, headaches, myofascial pain, chronic pain syndrome, muscle spasming, insomnia, chronic fatigue syndrome, anxiety, hypertension, and degenerative disc disease, and arthropathy of the shoulder region. The injured worker's treatment plan included trigger point injections, physical therapy, traction, a TENS unit, and continued medications. Request was made for a topical cream containing diclofenac, cyclobenzaprine, baclofen, and bupivacaine. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream containing Diclofenac 5%/ Cyclobenziprine 2%/ Baclofen 2%/ Bupivacaine 5% 180 grams 5 refills: 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 requested topical cream containing diclofenac 5% /cyclobenzaprine 2% /baclofen 2% /bupivacaine 5%, 180 grams with 5 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule Guidelines does not recommend the use of diclofenac or other non-steroidal anti-inflammatory drugs unless the injured worker is unable to tolerate oral formulations of non-steroidal anti-inflammatory drugs. Additionally, if it is determined that this type of medication is appropriate for the patient, only short courses of treatment not to exceed 4 weeks are recommended for topical non-steroidal anti-inflammatory drugs. The California Medical Treatment Utilization Schedule Guidelines does not recommend the use of cyclobenzaprine or baclofen as topical agents as there is no scientific evidence to support the efficacy and safety of these medications in this formulation. Additionally, bupivacaine is not FDA approved in a cream or gel formulation to treat neuropathic pain. The California Medical Treatment Utilization Schedule Guidelines states that any medication that contains 1 drug or drug class that is not recommended is not recommended. As such, the requested topical cream containing diclofenac 5% / cyclobenzaprine 2% / baclofen 2% /bupivacaine 5%, 180 grams with 5 refills is not medically necessary or appropriate.