

Case Number:	CM14-0038287		
Date Assigned:	06/25/2014	Date of Injury:	05/24/2013
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 injured worker is a 38-year-old female who sustained an injury on 05/24/2013, due to unknown mechanisms. The injured worker's diagnoses were neck pain, low back pain, and intermittent pain into arms and into both wrist with a normal exam. The injured worker's diagnosis was cervical sprain or strain; lumbar radiculitis; lumbar sprain and strain; left shoulder sprain and strain; right shoulder sprain and strain; tenosynovitis, left hand and wrist; joint pain to the left hand; joint pain to the right hand; tenosynovitis to the right hand and wrist; and anxiety. The injured worker's prior treatments were lumbar epidural steroid injection on 03/13/2014, chiropractic therapy, acupuncture, and physical therapy. The injured worker complained of constant neck pain that was sharp and throbbing in nature, moderate pain in the lower back, and remittent bilateral shoulder pain that was increased by heavy lifting, carrying, or heavy pulling, pushing, and by performing activities above the shoulder. To the left wrist, the injured worker noted difficulty gripping and grasping. On physical examination dated 05/06/2014, there was 3+ tenderness to palpation of the cervical paravertebral muscles; foraminal compression causing pain; shoulder depression causing pain; cervical distraction was negative; and Spurling's was negative. To the left shoulder, there was 3+ tenderness to palpation of the lumbar spine. There was tenderness to palpation on the left and right shoulder, and tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist. Tinel's, Phalen's, and Finkelstein's were all positive. Treatment plan was acupuncture one time per week for 3 weeks. The provider's treatment plan was for cyclobenzaprine 2%, flurbiprofen 25%, 240 grams, and diclofenac 25%, tramadol 15 % 240 grams. The rationale for the request was not submitted with documentation. The authorization form dated 02/05/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, FLubiprofen 25% 240grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for cyclobenzaprine 2% and flurbiprofen 25%, 240 grams is not medically necessary. According to the California MTUS, topical analgesics are largely experimental in use with few random trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to pain areas, with advantages that include lack of systemic side effects, absence of drug interaction, and no need to titrate. The guidelines also state that there is no evidence for use of any other muscle relaxant as a topical product. The injured worker's chief complaint was of aches and pains intermittent, central to neck and low back with bilateral arm, wrist, and finger pain. Flurbiprofen is an NSAID and anti-inflammatory agent for osteoarthritis with mild to moderate pain, and lend them to topical treatment to include the ankle, elbow, foot, hand, knee and wrist. The injured worker complained of having neck and low back, bilateral arms, bilateral wrists, and bilateral finger pains. The request does not specify the location of the application of the proposed medication. However, the injured worker's complaint of neck and low back, arm, and finger pain complaints, which are not recommended for use. Furthermore, the request does not include the frequency or location for application for the proposed medication. Given the above, the request is not medically necessary.

Diclofenac 25%, Tramadol 15% 240 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for diclofenac 25%, tramadol 15% 240 grams is not medically necessary. California Medical Treatment Utilization Schedule states that diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatments to include the ankle, elbow, foot, hand, knee, and wrist. The injured worker is complaining of pain to the neck, low back, bilateral hands, and fingers. The request does not specify the location or application for the proposed medication. In addition, the request does not include the frequency or the body location for use. The injured worker has not been diagnosed with osteoarthritis. Given the above, the request is not medically necessary.

