

Case Number:	CM14-0042751		
Date Assigned:	06/30/2014	Date of Injury:	01/10/2014
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/09/2014

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 Texas and Ohio. 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 52-year-old male who reported an injury on 01/10/2014. The injury reported was when the injured worker was in a process of moving a die cast mold from weighing 100 pounds. The diagnoses included cervical spine pain, radiculopathy, cervical disc displacement, impingement syndrome of bilateral shoulders, joint derangement, low back pain, lumbar disc displacement, and radiculopathy. Previous treatments include shock wave therapy, EMG/NCV. Within the clinical note dated 05//27/2014, it was reported the injured worker complained of neck pain. He described the pain as sharp, stabbing neck pain. He rated his pain 6/10 to 7/10 in severity. The injured worker reported frequent and constant, moderate to severe pain. The injured worker complained of pain in both shoulders. He described the pain as sharp, burning, bilateral shoulder pain. He rated his pain 7/10 in severity. The injured worker complained of low back pain. He described the pain as burning, sharp, low back pain. He rated his pain 7/10 to 8/10 in severity. He described the pain as frequency and constant, moderate to severe. The injured worker reported the pain is associated with numbness and tingling in the bilateral lower extremities. In the physical examination, the provider noted that the injured worker had 2+ tenderness to palpation suboccipital. Range of motion of the cervical spine was flexion at 25 degrees and extension at 35 degrees. The provider noted the injured worker had tenderness to palpation of the subacromial space in the AC joint. Palpable tenderness was noted at the rotator cuff attachment site. Range of motion of the left shoulder was flexion at 115 degrees and extension at 35 degrees, range of motion on the right was flexion at 135 degrees, and extension at 25 degrees. The provider requested for compounded diclofenac and compounded cyclobenzaprine, flurbiprofen. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Diclofenac 25%, Tramadol 15% 240g: 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: The request for Compounded Diclofenac 25%, Tramadol 15% 240g is not medically necessary. It was reported the injured worker complained of neck pain. He described the pain as sharp, stabbing neck pain. He rated his pain 6/10 to 7/10 in severity. The injured worker reported frequent and constant, moderate to severe pain. The injured worker complained of pain in both shoulders. He described the pain as sharp, burning, bilateral shoulder pain. He rated his pain 7/10 in severity. The injured worker complained of low back pain. He described the pain as burning, sharp, low back pain. He rated his pain 7/10 to 8/10 in severity. He described the pain as frequency and constant, moderate to severe. The injured worker reported the pain is associated with numbness and tingling in the bilateral lower extremities. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Tramadol is a centrally acting synthetic opioid analgesic, and it is not recommended as a first line oral analgesic. Diclofenac is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatments. It has not been evaluated for treatment of the spine, hip, or shoulder. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. The request as submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Compounded Cyclobenzaprine 2%, Flurbiprofen 2.5% 240g: 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: The request for Compounded Cyclobenzaprine 2%, Flurbiprofen 2.5% 240g is not medically necessary. It was reported the injured worker complained of neck pain. He described the pain as sharp, stabbing neck pain. He rated his pain 6/10 to 7/10 in severity. The injured worker reported frequent and constant, moderate to severe pain. The injured worker

complained of pain in both shoulders. He described the pain as sharp, burning, bilateral shoulder pain. He rated his pain 7/10 in severity. The injured worker complained of low back pain. He described the pain as burning, sharp, low back pain. He rated his pain 7/10 to 8/10 in severity. He described the pain as frequency and constant, moderate to severe. The injured worker reported the pain is associated with numbness and tingling in the bilateral lower extremities. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Cyclobenzaprine is a muscle relaxant to decrease muscle spasms in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasms are present or not. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.