

Case Number:	CM14-0050078		
Date Assigned:	07/07/2014	Date of Injury:	05/11/2010
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 05/11/2010. The mechanism of injury was a fall. Her diagnoses include left shoulder sprain/strain, shoulder tendinosis, shoulder impingement, shoulder effusion, shoulder tenosynovitis, bilateral carpal tunnel syndrome, possible glenoid labrum tear, knee pain, adjustment disorder with depressed mood, mood disorder due to chronic pain, and insomnia. Her past treatments were noted to include oral and topical medications. On 02/04/2014, the injured worker presented for re-evaluation and complained of pain in her right knee, left knee, and left shoulder. It was noted that she reported that her pain was well controlled with her medications, especially the creams. It was also noted that she denied side effects. Her medications were noted to include Hydrocodone/APAP, Zolpidem, Pantoprazole, and Transdermal compounds. The treatment plan included medication refills and an arthroscopic meniscectomy and debridement of the right knee. The request for authorization form for the requested topical compounds was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flurbiprofen 25% Cyclobenzaprine 2% 240 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 Topical analgesics Page(s): 111-113..

Decision rationale: The request is for Flurbiprofen 25%/Cyclobenzaprine 2% not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is also not recommended. In regard to topical Flurbiprofen, the guidelines state that topical NSAIDs (nonsteroidal anti-inflammatory drugs) may be recommended for the short-term treatment of osteoarthritis pain in joints that lend themselves to topical treatment. However, the guidelines state that topical NSAIDs have not been evaluated in the treatment of the spine, hip, or shoulder. The clinical information submitted for review indicated that the injured worker did have knee pain. However, she was not shown to have osteoarthritis to support use of topical NSAIDs. In addition, the guidelines state that topical muscle relaxants are not supported as there is no evidence for use of any muscle relaxant as a topical product. As the topical compound requested contains Flurbiprofen and Cyclobenzaprine which are not supported, the compound is also not supported. As such, the request for Compound Flurbiprofen 25% Cyclobenzaprine 2% 240 GM is not medically necessary.