

Case Number:	CM14-0064500		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2006
Decision Date:	10/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 56 year-old female who was reportedly injured on 7/14/2006. The mechanism of injury is noted as a slip and fall onto her buttocks while sweeping the floor. The most recent progress note dated 12/20/2013, indicates that there are ongoing complaints of chronic neck pain that radiates in the bilateral upper extremities, and chronic low back pain. The physical examination demonstrated cervical spine: positive tenderness to palpation, decreased range of motion, positive Spurling's, compression, and distraction test. Bilateral shoulder exam: positive tenderness to palpation acromioclavicular joint and subacromial space, positive impingement signs. Bilateral wrist exam: positive tenderness to palpation at the dorsal aspect and thenar Eminence. Injured worker has decreased range of motion, positive Tinel's, Phalen's, and prayer test, decreased sensation bilaterally, decreased muscle strength bilaterally. Lumbar spine: positive tenderness to palpation at paraspinal muscles, posterior superior iliac spine, decreased range of motion, decreased muscle strength and sensation bilaterally. No recent diagnostic studies are available for review. Previous treatment includes right shoulder arthroscopy, chiropractic care, medications, and conservative treatment. A request was made for Flurbiprofen cream, Cyclobenzaprine cream and Tramadol cream, and was not certified in the pre-authorization process on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective dos 1/29/2014 to 1/29/2014 for compound medication Flurbiprofen cream, Cyclobenzaprine cream and Tramadol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.