

Case Number:	CM14-0074764		
Date Assigned:	07/16/2014	Date of Injury:	12/06/2006
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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 Management 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 patient is a 57 year old female with 12/06/08 date of injury. Progress report dated 04/17/2014 states the patient remains systematic and frustrated. Her cervical spine symptoms and radiculopathy have worsened. She has pain with neck motion, tenderness to palpation, bilateral paracervical spine and trapezial muscles. There is tenderness along the anterior deltoid of right shoulder with L4-S1 discomfort at percussion. Her sitting and supine SLR is positive at 80 degrees on the right and 90 degrees on the left. McMurray's positive medially and laterally in right knee. Right ankle tender to palpation along the peroneal tendon and anterior talofibular ligament. Her sensation diminished in right lower extremity along L5 distribution. Her diagnoses are cervical spine sprain/strain, r/o discopathy, lumbar spine sprain/strain, r/o discopathy, right knee sprain/strain, r/o internal derangement, right lower extremity radiculitis, right ankle sprain/strain and right peroneal tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

240GM Cyclobenzaprine 2 percent Flurbiprofen 20 percent 240GM Capsaicin 0.025 percent Flurbiprofen 15 percent Tramadol 15 percent Menthol 2 percent Camphor 2 percent: 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 Page(s): 111, 112-113.

Decision rationale: Guidelines state that muscle relaxants are not recommended for topical applications, and that there is little to no research to support the use of NSAIDs and opioids. Cyclobenzaprine is a muscle relaxant and is not recommended for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and tramadol are experimental and there is insufficient evidence of their effectiveness. Therefore this case is not medically necessary.