

Case Number:	CM14-0075710		
Date Assigned:	07/16/2014	Date of Injury:	01/11/2006
Decision Date:	08/26/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 and Washington. 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 54-year-old female who reported injury on 01/11/2006. The mechanism of injury is not documented in the submitted reports. The injured worker has diagnoses of musculoligamentous sprain of the cervical spine with upper extremity radiculitis, internal derangement bilateral shoulders, overuse syndrome of the upper extremities bilaterally, lateral epicondylitis of the right elbow, De Quervain's tendinitis bilateral wrists, carpal tunnel syndrome bilateral wrists, status post arthroscopic carpal tunnel release bilateral wrists and disc bulges at C3-4, 2 mm; C4-5, 2 mm; C5-6, 2 mm; C6-7, 2 mm and status post repeat left carpal tunnel release and left 3rd trigger finger release, status post left carpal tunnel release and left 3rd trigger finger release. The injured worker's past medical treatments include physical therapy, injections and medication therapy. Diagnostics include x-rays. It does not state in the submitted reports where the x-rays were taken or when they were taken. The injured worker was status post arthroscopic carpal tunnel release to both wrists. The injured worker complained of pain in the right shoulder. There was no measurable pain level documented in the submitted report. Physical examination dated 04/24/2014 revealed that the injured worker had limited range of motion. Both wrists were mild with pain and swelling. Her 3rd left trigger finger had improved with good range of motion. The injured worker's neck had constant pain to the right side. There was also tenderness at the base of the occiput on the right side. The submitted report lacked any pertinent evidence of range of motion and motor strength on the injured worker. Medications of the injured worker include Tramadol, Norco and Meloxicam. The duration, dosage and frequency were not noted in the submitted report. The treatment plan is for Flurbiprofen/Cyclobenzaprine cream 180 mg. The rationale was not submitted for review. The Request for Authorization form was submitted on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine 20%-10%-4% Cream 180mg (120): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 111, Other muscle relaxants, page 113 Page(s): 111-113.

Decision rationale: The injured worker complained of pain in the right shoulder. There was no measurable pain level documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine 4%, is a muscle relaxant for which there is no evidence for use as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. Given the above, the injured worker is not within the MTUS Guidelines. Furthermore, in the submitted report there was no documentation as to where the cream would be applied and the amount. There was also a lack of evidence of range of motion, strength and/or effectiveness of the current medications the injured worker was taking. There were no physical findings in regard to the injured worker's shoulder or 3rd trigger finger. The submitted request was for a compound that per MTUS Guidelines is not recommended. As such, the request for Flurbiprofen/Cyclobenzaprine is not medically necessary and appropriate.