

Case Number:	CM14-0080441		
Date Assigned:	07/18/2014	Date of Injury:	04/10/2008
Decision Date:	10/01/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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. 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 59-year-old who sustained an injury on 04/10/08 to the shoulder. As of 05/06/14, the patient's symptoms include neck pain, neck stiffness, impaired range of motion and shoulder pain. The patient describes the pain as aching and burning. The pain is located in the right shoulder which is aggravated by physical activity and any movement. Current medications include Norco, tizanidine HCl, cyclobenzaprine HCl, Evista, Celexa, Wellbutrin XL, atenolol, amlodipine besylate, Remeron, Xanax, aspirin, and hydrochlorothiazide; she has been on compound medication, transdermal cream since 1/14/14. Neurologic examination reveals muscle strength are 4/5 in bilateral elbow extension, forearm pronation and finger extensors. Exam of the cervical spine reveals moderate tenderness to right upper trapezius area, left upper trapezius area, and bilateral facets. ROM of cervical spine reveals right and left lateral flexion to 45 degrees. Exam of the right shoulder reveals tenderness over the anterolateral border of acromion. Exam of right elbow reveals positive Tinel's sign. Past surgeries include right foot surgery x2, right shoulder surgery x2, hysterectomy, and spinal fusion in neck. Diagnoses were right ulnar neuropathy, bilateral shoulder pain, neck pain, insomnia, cervical radiculopathy, anxiety, and depression. The MRI reveals bilateral, moderate to severe neural foraminal stenosis at C4-5 and C5-6 and moderate neural foraminal stenosis at C6-C7. She has also been treated with physical therapy. The request for CMPD-Diclofena/Baclofen/Cyclobenz/Tetracain/Base C Day Supply: 30 qty: 240, refills: 01 was denied on 05/15/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication-Diclofena/Baclofen/Cyclobenz/Tetracain/Base C, 240 count,:
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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request for Compound medication Diclofena/Baclofen/Cyclobenz/ Tetracain/Base C, 240 count, is not medically necessary or appropriate.