

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0082123 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 04/10/2009 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 06/03/2014 |

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:

This 40 year-old patient sustained a repetitive stress/strain injury on 4/10/09 while employed by [REDACTED]. Request(s) under consideration include CMPD (Compound) - Flurbiprofen/ Cyclobenzaprine/ Gabapentin/ Lidocaine/ Prilo Day Supply: 5 QTY: 60 Refills: 00. Report of 11/2/10 noted patient with complaints of neck, radiating shoulder pain into both arms, greater in right arm affecting her independence for self-care. Diagnoses included of cervical myofascial pain syndrome with intermittent thoracic outlet symptomatology and neuropathic pain; right shoulder subacromial impingement syndrome; and bilateral lateral epicondylitis. Report of 5/9/14 from the provider noted the patient was last seen on 2/21/14 and now has worsened right upper extremity symptoms with pain radiating down right hand, sharp and aching in nature associated with residual numbness in right arm. The patient did not respond to Prednisone. Exam showed 4-4+/5 motor strength at bilateral deltoid, biceps, triceps, forearm extensors, wrist extensor and right APB; sensation with allodynia and hyperpathia in right arm. Diagnoses include Right upper extremity RSI (repetitive strain injury), recurrent flare-up with functional decline. Treatment included topical compounded analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD (Compound) - Flurbipro/Cyclobenz/Gabapenti/Lidocaine/Prilo Day Supply: 5 QTY: 60 Refills:00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain, without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2009 without documented functional improvement from treatment already rendered. The CMPD (Compound) - Flurbipro/ Cyclobenz/ Gabapentin/ Lidocaine/Prilo Day Supply: 5 QTY: 60 Refills: 00 is not medically necessary and appropriate.