

Case Number:	CM14-0085440		
Date Assigned:	07/23/2014	Date of Injury:	05/19/2012
Decision Date:	08/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Texas and Ohio. 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 66-year-old female who reported an injury on 05/19/2012. The mechanism of injury was noted to be a fall. The injured worker's diagnosis was noted to be chronic pain. Prior treatments were noted to be physical therapy, occupational therapy, acupuncture, and medications. Diagnostics were noted to be an MRI of the left wrist/hand. The injured worker's subjective complaints were within a Primary Treating Physician's Progress Report dated 05/16/2014. She indicated subjective complaints of pain in her left hand and thumb that radiated up to her shoulder. She indicated Biotherm relieves her pain from a 5 down to a 2 and allows her to do more activities of daily living around the house. The objective physical exam findings found the injured worker in no acute distress. Examination of the left shoulder revealed decreased range of motion with flexion of 140 degrees, extension was 40 degrees, abduction was 120 degrees and adduction was 40 degrees with internal rotation 60 degrees and external rotation 70 degrees. There was tenderness noted on palpation over the AC joint. Strength was 4/5 on flexion and abduction. Examination of the left elbow revealed full range of motion. There was swelling noted on the left elbow. There was tenderness noted on palpation over the medial epicondyle. Strength was 4/5 on flexion and extension. Examination of the left hand revealed tenderness over the first MC and MCP joint of the thumb. Medications were noted to be topical Biotherm. The treatment was noted to be acupuncture, topical cream for pain relief, and a return visit. The provider's rationale was provided with the request. A Request for Authorization Form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%) 180gm: 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): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any muscle relaxant as a topical product. And the guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The injured worker has not had a failed trial of antidepressants or anticonvulsants according to the documentation provided for review. The guidelines do not recommend flurbiprofen topically or cyclobenzaprine topically. Therefore, the combination medication of Flurbiprofen/Cyclobenzaprine/Menthol cream is not recommended. In addition, the provider's request fails to indicate an application frequency. Therefore, the request for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180 grams is not medically necessary.