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| Case Number: | CM14-0089824 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 10/26/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 05/24/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 is a patient with a date of injury of October 26, 2013. The utilization review determination dated May 24, 2014 recommends non-certification for topical medication. A progress report dated February 28, 2014 identifies subjective complaints of right shoulder pain that comes and goes. The patient has undergone physical therapy and injections which helped for a short time. The patient is currently taking 3 medications for pain as needed. The physical examination reveals weakness in the right upper extremity with tenderness over the AC joint and supraspinatus tendon. The patient reportedly has some difficulties with activities of daily living. Diagnosis is right shoulder internal derangement and dysfunction. The treatment plan recommends an MRI, x-ray, electrodiagnostic testing, physical therapy, and "anti-inflammatory, anti-spasmodic, anti-gastritis, and analgesic medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Flurbiprofen/Cyclobenzaprine dispensed on 04/11/2014 for treatment of right upper shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: Regarding the request for Flurbiprofen/Cyclobenzaprine, California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants and antiepilepsy drugs are not supported by the California MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurbiprofen/Cyclobenzaprine is not medically necessary.