

Case Number:	CM14-0094967		
Date Assigned:	07/25/2014	Date of Injury:	05/02/2012
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 Nevada. 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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on May 2, 2012. The mechanism of injury is noted as bending over to pick up a box. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of low back pain and bilateral shoulder pain. The physical examination of the lumbar spine revealed tenderness from L4 through S1 over the facets. There was a positive facet loading test and a negative straight leg raise test bilaterally. There was a normal lower extremity neurological examination. The physical examination of the shoulders noted decreased forward flexion and abduction of the right shoulder limited to 120 degrees. There was tenderness over the right trapezius and the right-sided acromioclavicular joint. Diagnostic imaging studies of the lumbar spine revealed disc desiccation from L3 through S1. Previous treatment includes physical therapy, chiropractic care, acupuncture, and oral medications. A request had been made for topical cyclobenzaprine/tramadol/flurbiprofen and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include tramadol and cyclobenzaprine. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Therefore, the request for Cycloenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 grams is not medically necessary or appropriate.