

Case Number:	CM14-0096909		
Date Assigned:	07/28/2014	Date of Injury:	04/11/2014
Decision Date:	10/02/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 40-year-old gentleman was reportedly injured on April 11, 2014. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of pain in the neck, lower back, right shoulder, right arm, right elbow, right wrist, right hand/fingers, left leg, left knee, headaches, and difficulty sleeping. The physical examination demonstrated tenderness along the paravertebral muscles from the cervical to the lumbar spine. There was decreased range of motion of the cervical and lumbar spine and a normal upper extremity and lower extremity neurological examination. There was also tenderness of the right shoulder rotator cuff muscles and the glenohumeral joint. There was slightly reduced right shoulder range of motion and a positive impingement test. There was also tenderness at the medial epicondyle of the right elbow as well as the medial and lateral joint lines of the left knee. There was a positive left knee McMurray's test. Diagnostic imaging studies were not reviewed during this visit. Prior treatment includes oral and topical medications. A request had been made for cyclobenzaprine/flurbiprofen cream and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 20% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 12th Edition, Pain

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

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 including cyclobenzaprine. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for topical cyclobenzaprine/flurbiprofen is not medically necessary