

Case Number:	CM13-0047609		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2013
Decision Date:	03/30/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 39 year old Female who sustained an industrial injury on 02/21/2013. She has reported pain in her right shoulder and lower back. Diagnoses include cervical spine strain/sprain; rule out cervical spine discogenic disease; thoracic musculoligamentous strain/sprain; thoracic spine myofascial pain syndrome, lumbosacral musculoligamentous strain sprain, rule out lumbosacral spine discogenic disease; right shoulder bicipital tenosynovitis per MRI report dated 03/20/2013, right shoulder bicipital tenosynovitis per MRI report dated 03/20/2013, right elbow lateral epicondylitis. Treatments to date include diagnostic testing and topical medications, oral medications, and therapeutic use of hot/cold. A progress note from the treating provider dated 02/21/2013 indicates the IW has tenderness to palpation and spasm of the cervical spine with decreased range of motion. His biceps were tender to palpation and the shoulders had decreased range of motion. Planned treatment was for the cervical, thoracic and lumbar spine, the right shoulder and right elbow three times weekly for four weeks, extracorporeal shockwave treatment for the right shoulder and right elbow, a functional capacity evaluation and urine toxicity. On 10/25/2013 Utilization Review non-certified a request for PRESCRIPTION OF COMPOUND: FLURBIPROFEN/CYLOBENZAPRINE/ULTRADERM 180 ML DOS 6/21/13. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF COMPOUND:

FLURBIPROFEN/CYLOBENZAPRINE/ULTRADERM 180 ML DOS 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzprine are not recommended due to lack of evidence to support its use. Since the compound in question:

FLURBIPROFEN/CYLOBENZAPRINE/ULTRADERM contains a muscle relaxant it is not medically necessary.