MAXIMUS Federal Services

Case Number:	CM14-0165473		
Date Assigned:	10/09/2014	Date of Injury:	11/02/2013
Decision Date:	12/08/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old female, with a reported date of injury of 11-02-2013. The diagnoses include cervicothoracic spine sprain and strain, bilateral impingement syndrome of the shoulders, rule out rotator cuff tear, right lateral epicondylitis, and lumbosacral spine strain. The orthopedic evaluation report dated 08-19-2014 indicates that the injured worker complained of pain in her lower back, which was rated 8 out of 10; intermittent neck pain, associated with stiffness, and rated 5 out of 10; bilateral shoulder pain, rated 5 out of 10; and bilateral elbow pain with use of her arms. It was noted that the injured worker had some difficulty with most of her activities of daily living. The physical examination showed normal cervical posture, pain on palpation of the paravertebral musculature. Evidence of paracervical muscle spasm and guarding, positive occipitocervical compression, restricted range of motion of the cervical spine with pain, pain to palpation in the subacromial bursa of both shoulders, normal range of motion of the bilateral shoulders, pain in both shoulders with range of motion, positive impingement sign, normal bilateral elbow range of motion, negative Phalen's sign, and no evidence in the upper extremities. The injured worker was on temporary total disability. The diagnostic studies to date have included a urine drug screen on 07-31-2014 with negative findings; an MRI of the lumbar spine on 07-24-2014 which showed disc desiccation at L2-3 to L5-S1, grade 1 anterolisthesis of L5 over S1, diffuse disc protrusion with effacement of the thecal sac at L4-5, and diffuse disc protrusion without effacement of the thecal sac at L5-S1; an MRI of the left shoulder on 07-24- 2014 which showed subscapularis tendinosis, minimal subscapularis bursitis, osteoarthropathy of acromioclavicular joint, and biceps tenosynovitis; an MRI of the right shoulder on 07-24-2014 which showed supraspinatus and subscapularis tendinosis,

minimal subscapularis bursitis, minimal glenohumeral joint effusion, osteoarthropathy of acromioclavicular joint, and biceps tenosynovitis; an x-ray of the cervical spine on 07-23-2014 which showed reversal of cervical lordosis, degenerative anterior superior and anterior inferior endplate osteophytes off the endplates of C5 and C6, and calcification anterior to disc level C5-6; and a urine drug screen on 07-03-2014 with negative findings. Treatments and evaluation to date have included physical therapy and Ibuprofen. The treating physicians requested Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%, Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%, 180 grams as needed for symptoms related to bilateral shoulder and lumbar spine injury. On 09-04- 2014, Utilization Review (UR) non-certified the request for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%, Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%, 180 grams as needed for symptoms related to bilateral shoulder and lumbar spine injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication: Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1%/ Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%, 180 grams as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 11-02-2013. The diagnoses include cervicothoracic spine sprain and strain, bilateral impingement syndrome of the shoulders, rule out rotator cuff tear, right lateral epicondylitis, and lumbosacral spine strain. The medical records provided for review do not indicate a medical necessity for 1 compound medication: Flurbiprofen 25%/Lidocaine 5%/Menthol 5%/Camphor 1%/ Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%, 180 grams as needed. The topical analgesics are largely primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded products contains Flurbiprofen, Menthol, Camphor, 1%/ Tramadol, and Dextromethorphan, none of which is recommended. Therefore, the requested treatment is not medically necessary.