

Case Number:	CM14-0187747		
Date Assigned:	11/18/2014	Date of Injury:	12/08/2006
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 71-year-old gentleman with a date of injury of 12/08/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/02/2014, 07/17/2014, 08/20/2014, 08/28/2014, and 10/09/2014 indicated the worker was experiencing headaches, shoulder stiffness, and back discomfort. Some documentation submitted had limited legibility. Documented examinations consistently described decreased left shoulder joint motion, positive right shoulder impingement testing, positive Phalen's and Tinel's signs involving both wrists. The submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome involving both wrists and sprain/strain throughout the back. Treatment recommendations included acupuncture, pain medications, urinary drug screen testing, and medication injected near the upper back spinal nerves. A Utilization Review decision was rendered on 10/28/2014 recommending non-certification for an unlimited supply of topical baclofen 2%, flurbiprofen 5%, and acetyl-carnitine 15%. A urinary drug screen report dated 08/28/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2%, Flurbiprofen 5%, Acetyl-Carnitine 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request is for a topical compound containing medications in the non-steroidal anti-inflammatory drug (NSAID) (flurbiprofen 5%), muscle relaxant (baclofen 2%), and amino acid/food supplement classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The Guidelines are silent as to the use of topical muscle relaxants, and the literature does not support their use. The Guidelines are silent as to the use of topical carnitine, and the literature does not support its use. The submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome involving both wrists and sprain/strain throughout the back. There was no discussion detailing extenuating circumstances that sufficiently support the use of this treatment in this setting. In the absence of such evidence, the current request for an unlimited supply of topical baclofen 2%, flurbiprofen 5%, and acetyl-carnitine 15% is not medically necessary.