

Case Number:	CM14-0190418		
Date Assigned:	11/21/2014	Date of Injury:	03/06/2003
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Preventative Medicine and is licensed to practice in New York, Massachusetts and New Hampshire. 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 61-year-old female who reported an injury on 03/06/2003. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic cervical strain with residuals, chronic lumbar strain with residuals, bilateral shoulder strain, bilateral upper extremity radicular pain, bilateral carpal tunnel syndrome, bilateral knee repetitive strain secondary to cerebrovascular accident, history of stroke, multiple other non-musculoskeletal complaints, right knee displacement, extruded medial meniscal tear, and status post right knee arthroscopy with partial meniscectomy. Past medical treatment consists of surgery, physical therapy, psychological evaluations, and medication therapy. Medications consist of Tylenol #3 and Motrin. No urinalyses or drug screens were submitted for review. On 10/28/2014, the injured worker complained of neck, back, bilateral shoulder, and right knee pain. On physical examination, the injured worker rated the pain at a 4/10. The injured worker stated that the pain was better with rest and medication. The examination of the cervical spine revealed limited range of motion. There was tenderness noted on palpation over the paravertebral and trapezius muscles equally. A shoulder decompression test was positive. Strength was 4/5 bilaterally at C5, C6, C7, and C8. Sensation was 4/5 bilaterally at C7 and normal 5/5 bilaterally at C5, C6, and C8. Deep tendon reflexes were 1++ in the brachioradialis and triceps tendons bilaterally. The examination of the lumbar spine revealed limited range of motion. Tenderness was noted on palpation over the paraspinal muscles equally. Kemp's sign was positive bilaterally. Straight leg raising test was positive bilaterally at 70 degrees to posterior thighs. Strength was 4/5 bilaterally at L4, L5, and S1. Sensation was 4/5 bilaterally at L4 and normal at 5/5 bilaterally at L5 and S1. Deep tendon reflexes were 1++ in the patellar and Achilles tendons bilaterally. The examination of the bilateral shoulders revealed decreased range of motion symmetrically with flexion of 160 degrees, extension of 40 degrees, abduction of 140 degrees, adduction of 40

degrees, internal rotation of 60 degrees, and external rotation of 70 degrees. There was painful arc over 135 degrees bilaterally. There was acromioclavicular joint tenderness noted bilaterally. Strength was 4/5 in flexion and abduction. The medical treatment plan was for the injured worker to continue with physical therapy and medication therapy which consists of Tylenol #3, Motrin and a topical analgesia of flurbiprofen/cyclobenzaprine/menthol. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/cyclobenzaprine/menthol cream: Upheld

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

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

Decision rationale: The request for flurbiprofen/cyclobenzaprine/menthol cream is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines further state that topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Recommended use is 4 to 6 weeks. As the guidelines do not recommend the use of muscle relaxants for topical application, this medication would not be indicated. Additionally, there was no indication of injured worker having trialed and failed any antidepressants or anticonvulsants. Furthermore, the request as submitted did not indicate a dosage, frequency, or duration of the medication, nor did it specify where the medication would be applied. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.