

Case Number:	CM15-0009446		
Date Assigned:	01/30/2015	Date of Injury:	11/18/2010
Decision Date:	08/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

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: North Carolina

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 is a 49 year old male, who sustained an industrial injury on 11/18/2010. He has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; cervical radiculitis; displacement of lumbar intervertebral disc without myelopathy; lumbar radiculitis; right shoulder rotator cuff syndrome; right shoulder adhesive capsulitis; right shoulder tendinitis; status post right shoulder surgeries, on 08/26/2011 and 07/16/2012; and gastroesophageal reflux. Treatments have included medications, diagnostics, physical therapy, home exercise program, psychotherapy, and surgical intervention. Medications have included Tramadol, Relafen, Wellbutrin, Prilosec, and topical compounded creams. A progress note from the treating physician, dated 11/10/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of moderate pain in the cervical spine and bilateral shoulders, with radiating pain down into both hands; pain is rated at 6/10 on the pain scale; severe pain in the lumbar spine, radiating down the legs and into the feet; pain is rated at 7/10 on the pain scale; and he continues with his medications, but reports no change in symptoms with use. Objective findings have included tenderness on palpation of the bilateral cervical paraspinal region; decreased cervical spine ranges of motion; positive impingement tests on the right shoulder; decreased ranges of motion to the bilateral shoulder, right more than left; tenderness on palpation of the bilateral lumbar paraspinal regions; decreased ranges of motion of the lumbar spine; straight leg raise test is positive bilaterally without radiating pain; and motor exam of the right deltoid is 4-/5. The treatment plan has included the request for FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%) 180gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20 %, Cyclobenzaprine 4 %, Lidocaine 5%) 180gm #1: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (Cyclobenzaprine) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.