

Case Number:	CM15-0104410		
Date Assigned:	06/10/2015	Date of Injury:	01/11/2012
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 35 year old female, who sustained an industrial injury on 01/11/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine and lumbar myofascial repetitive straining with rule out disc herniation, bilateral shoulder impingement syndrome, and right wrist carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen and nerve testing. In a progress note dated 04/03/2015 the treating physician reports complaints of pain to the neck, lumbar spine, bilateral shoulder, and bilateral wrists. Examination of the cervical spine was revealing for tenderness, hypertonicity to the paraspinal muscles, loss of range of motion, positive compression test, and a positive Spurling's sign on the left; the left shoulder was remarkable for a positive Hawkin's and Neer's test, along with a decreased range of motion; and examination of the right wrist was remarkable for tenderness with carpal tunnel syndrome, a positive Tinel's and Phalen's test, and a decrease in sensation over the medial nerve distribution on the right. The injured worker's pain level to the neck is rated a 7 out of 10 on scale of 1 to 10, the lumbar spine pain level is rated an 8 out of 10, and the bilateral shoulders and wrists pain level were rated an 8 out 10. The injured worker's current medication regimen includes Tramadol that is noted to decrease the injured worker's pain level from an 8 out of 10 to a 4 out of 10 and Naproxen that is noted to decrease the injured worker's pain level form an 8 out of 10 to a 5 out of 10. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Flurbiprofen Cream / Cyclobenzaprine / Menthol Cream (20%/10%/4%) 180gm as an adjunctive for greater pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream (20%/10%/4%) 180gm: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There are no controlled studies supporting that Flurbiprofen treatment is effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, the request for Flurbiprofen cream 180gms is not medically necessary.