

Case Number:	CM15-0106432		
Date Assigned:	06/09/2015	Date of Injury:	06/08/2014
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61-year-old male, with a reported date of injury of 06/08/2014. The diagnoses include cervical spine sprain/strain, cervical spine myospasm, lumbar spine sprain/strain, lumbar spine radiculitis, right shoulder sprain/strain, right shoulder clinical impingement, chest pain, tension headaches, lumbar spine disc desiccation, lumbar spine multi-level disc protrusions with an annular tear, right shoulder calcific tendinosis, right shoulder partial tear of the supraspinatus and infraspinatus tendons, right shoulder effusion, right shoulder labral degeneration versus partial tear, peripheral polyneuropathy of the bilateral lower extremities, right knee medial meniscus tear, right knee anterior cruciate ligament partial thickness tear, right knee joint effusion, chronic pain, anxiety, depression, and insomnia. Treatments to date have included oral medications, topical pain medication, acupuncture, an MRI of the right shoulder on 01/20/2015, electrodiagnostic studies of the bilateral lower extremities on 01/08/2015, and an MRI of the right knee on 02/19/2015. The medical re-evaluation dated 05/04/2015 indicates that the injured worker complained of right shoulder pain, rated 6 out of 10, and low back pain, rated 6 out of 10. The right shoulder pain started in the upper back at the shoulder blade, and the low back pain radiated to the right leg and right groin with numbness. He also complained of persistent chest pain, rated 6 out of 10; groin pain, rated 6 out of 10; right knee pain; rated 6 out of 10; and persistent anxiety, depression, and insomnia. The injured worker stated that his pain was well controlled with medication, and he denied any side effects at this time. He also stated that the medicated creams were especially helpful, and he was able to take less oral medications. The physical examination showed tenderness to

palpation of the sternum; tenderness to palpation with spasms of the right upper trapezius muscle; limited cervical spine range of motion due to pain; tenderness to palpation with spasms of the lumbar paraspinals bilaterally; limited lumbar spine range of motion due to pain; positive straight leg raise test; tenderness to palpation with spasm of the right upper trapezius muscle; tenderness to palpation of the right glenohumeral joint and right acromioclavicular joint; limited right shoulder range of motion due to pain; and positive impingement sign in the right shoulder. The treating physician requested Cyclobenzaprine/capsaicin/Flurbiprofen/gabapentin/menthol/camphor 180mg and Naproxen 550mg #90 for refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Capsaicin Flurbiprofen Gabapentin Menthol and Camphor 180mg: 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 analgesia Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical cyclobenzaprine/capsaicin/flurbiprofen/gabapentin/menthol/camphor 180 mg is not medically appropriate and necessary.

Naproxen 550mg, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 70 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Guidelines recommend NSAIDs for treatment of pain at the lowest effective dose for the shortest period of time. In this case, there is no clear documentation of how long the patient has been taking NSAIDs, as long-term use is not recommended. In addition, the patient's functional response to Naproxen was also not documented. The request for naproxen 550 mg #90 is not medically appropriate and necessary.