

Case Number:	CM15-0107126		
Date Assigned:	06/11/2015	Date of Injury:	02/26/2015
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 2/26/15. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder strain; right index finger nail avulsion; cervical spine sprain/strain; bilateral shoulder sprain/strain; bilateral wrist pain; thoracic spine pain; thoracic spine sprain/strain; low back pain; lumbar sprain/strain;. Treatment to date has included medications. Diagnostics included initial right shoulder x-rays (2/26/15). Currently, the PR-2 notes dated 3/18/15 indicated the injured worker presents in this office for an unscheduled appointment stating her employer referred her to come in today because she was having a lot of pain in the right shoulder, It is radiating to the neck. Her chief complaint is right shoulder sprain. On the same date of her original injury she also sustained a right index fingernail injury which has since resolved. She reports her pain level is 10/10 in the right shoulder/trapezial region and having difficulty lifting secondary to the pain. She denied any numbness or tingling in the hand or digits. Objective findings are documented noting the right shoulder is non-tender to palpation over the acromioclavicular joint or bicipital groove. She has tenderness to palpation over the posterior aspect of the humeral head and trapezial region. She has active range of motion with forward elevation to 80 degrees, passively to 120 degrees and then movement is guarded secondary to pain and pulls away. External rotation with elbow at waist is 60 degrees and internal rotation is thumb to posterior hip. Provocative maneuvers show positive Speed and Neer impingement signs. The right wrist shows no edema. It is non-tender to palpation and there is full range of motion. Neurovascularly, the right upper extremity is grossly intact. The right index finger nail is healed. The provider's treatment plan includes frequent ice and heat, continue

Naproxen 500mg twice a day, Cyclobenzaprine 5mg at bedtime and Tramadol 50mg one a bedtime for breakthrough pain only. The provider has also requested authorization for Cyclobenzaprine 2%, gabapentin 15% and Amitriptyline 10% compound 180gm #1, per 03/18/15 order and Cyclobenzaprine 2% and Flurbiprofen 25% compound 180gm, per 03/18/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, gabapentin 15% and Amitriptyline 10% compound 180gm #1, per 03/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/30/15) - Online Version.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant, anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 3 concurrent muscle relaxants (one oral and 2 topicals) posing an increase risk profile without demonstrated extenuating circumstances and indication. Additionally, Guidelines do not recommend long-term use of these muscle relaxant, anti-depressant and anti-seizure medications for this injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%, gabapentin 15% and Amitriptyline 10% compound 180gm #1, per 03/18/15 order is not medically necessary and appropriate.

Cyclobenzaprine 2% and Flurbiprofen 25% compound 180gm, per 03/18/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Pain (updated 04/30/15) - Online Version.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical

compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatory, (topical Flurbiprofen and oral Naproxen) posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2% and Flurbiprofen 25% compound 180gm, per 03/18/15 order is not medically necessary and appropriate.