

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0107343 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 11/11/2005 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/22/2015 |
| 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: 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 49 year old male, who sustained an industrial injury on 11/11/05. He reported pain in left hand following his glove getting stuck and his left finger was yanked while lifting a tank. The injured worker was diagnosed as having broad based disc protrusion C5-6, cervicogenic headaches, internal derangement of left shoulder, complex regional pain syndrome of left upper extremity and status post lateral epicondyle release. Treatment to date has included oral medications including Norco, topical compound cream:

Flurbiprofen/Cyclobenzaprine/Menthol, heat and ice contrast, activity restrictions, chiropractic treatment, lateral epicondyle release, left shoulder injections, physical therapy and activity restrictions. X-rays of left elbow and forearm showed mild soft tissue swelling. Currently, the injured worker complains of ongoing left elbow pain rated 8/10. He notes the pain radiates to the right upper extremity. Physical exam noted paraspinal, scalene, sternocleidomastoid and trapezial spasms on left, decreased and painful range of motion of left shoulder and painful range of motion of left forearm, wrist and hand with mottling of left hand. The treatment plan included prescriptions for Norco, Keratek Gel and Flurbiprofen/Cyclobenzaprine/Menthol and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4% cream 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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

Decision rationale: The requested Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4% cream 180mg, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has pain that radiates to the right upper extremity. Physical exam noted paraspinal, scalene, sternocleidomastoid and trapezial spasms on left, decreased and painful range of motion of left shoulder and painful range of motion of left forearm, wrist and hand with mottling of left hand. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4% cream 180mg is not medically necessary.