

Case Number:	CM15-0121239		
Date Assigned:	07/01/2015	Date of Injury:	04/11/2012
Decision Date:	12/08/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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 44-year-old female, who sustained an industrial-work injury on 4-11-12. She reported initial complaints of neck, back, shoulders, hands, and right knee pain. The injured worker was diagnosed as having chronic cervical strain, chronic lumbar pain, right shoulder rotator cuff syndrome, right knee meniscal tear, status post right knee arthroscopy, osteoarthritis of knee, depression and anxiety. Treatment to date has included medication, physical therapy, and diagnostics. Currently, the injured worker complains of persistent pain to the neck, back, bilateral shoulder, and right knee all at 8 out of 10. Left shoulder pain is 6 out of 10. The right shoulder is worsening with pain radiating into the pectoral muscles as well as down the arm with weakness, numbness, and tingling. Rest and medication helped pain. Per the primary physician's progress report (PR-2) on 5-12-15, exam of cervical region noted decreased range of motion, tenderness to the paraspinals with hypertonicity on the right, positive Spurling's on the right, positive compression test on the right, decreased strength and sensation. The lumbar spine revealed decreased range of motion, tenderness in the right paraspinals greater than the left, decreased strength and sensation. Exam of the bilateral shoulders note decreased range of motion, positive Hawkin's and Neer's, decreased strength. The right knee had decreased range of motion with flexion and extension, positive patellofemoral grind, tenderness to the medial and lateral joint lines. Current plan of care includes additional diagnostic testing, Supartz injection, and topical cream. The Request for Authorization requested service to include Flurbiprofen 20% / Cyclobenzaprine 10% - Menthol Cream 4% 180gms. The Utilization Review on 5-27-15 denied the request for Flurbiprofen 20% - Cyclobenzaprine 10% - Menthol Cream 4% 180gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / Cyclobenzaprine 10% / Menthol Cream 4% 180grms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013 (Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 diffuse spine and 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 and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. 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 chronic 2012 injury without improved functional outcomes attributable to their use. The Flurbiprofen 20% / Cyclobenzaprine 10% / Menthol Cream 4% 180grms is not medically necessary and appropriate.