

Case Number:	CM15-0137659		
Date Assigned:	07/27/2015	Date of Injury:	04/18/2004
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on April 18, 2004. The injured worker was diagnosed as having rotator cuff syndrome bilateral status post right shoulder subacromial decompression and Mumford procedure, carpal tunnel syndrome associated with right wrist carpal tunnel syndrome, persistent cervicgia with cervical myofascial pain with right upper extremity radiation, previous diagnosis of Complex Regional Pain Syndrome (CRPS) type 1 of the right upper extremity, chronic pain syndrome, history of reactive clinical depression and anxiety from chronic pain, and intolerance to numerous neurological and pain medications. Treatments and evaluations to date have included stellate ganglion block, chronic pain rehabilitation program, home exercise program (HEP), psychological counseling, TENS, and medication. Currently, the injured worker complains of chronic intractable pain due to her complex regional pain syndrome affecting her right upper extremity and other region including her left leg. The Treating Physician's report dated June 22, 2015, noted the injured worker relied on medications to help with her pain, providing her more than 60% relief of her symptoms, allowing her to stay somewhat functional. The injured worker rated her pain about a 3 to 4 on average on a scale of 0-10 with medication. The injured worker's current medications were listed as Oxycodone, Topamax, Diclofenac, Flexeril, Xanax, and Prilosec. Physical examination was noted to show diffuse tenderness over the right splenius cervicis muscle, right upper trapezius, and right sternocleidomastoid area, with tenderness over the right AC joint and subdeltoid area of the right shoulder with some swelling. The treatment plan was noted to include Oxycodone and a topical compound cream consisting of Flurbiprofen,

Cyclobenzaprine, and Lidocaine for additional relief of inflammation, alleviate nerve condition, and minimize dependency on oral pain medication. The injured worker was noted to be on permanent and stationary work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Lidocaine 240gm 20%/4%/5% with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and on the Non-MTUS FDA, compounded topical anesthetic creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This claimant was injured in 2004, now 11 years ago. The diagnoses were bilateral rotator cuff syndrome, post surgery, carpal tunnel syndrome, and persistent cervicalgia, and alleged Complex Regional Pain Syndrome, Type I. The provider rationale for the compounded medicine was to minimize dependency on oral pain medicine. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. & #130; & #130; 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended; is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately non-certified and therefore is not medically necessary.