

Case Number:	CM15-0140258		
Date Assigned:	07/30/2015	Date of Injury:	10/25/2013
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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 62 year old male patient who sustained an industrial injury on October 25, 2013. A magnetic resonance imaging study of the cervical spine performed on 12-09-2014 revealed narrowing of the intervertebral foramina at multiple levels with no evidence of canal stenosis. The shoulder was also under scrutiny diagnostically with a MRI done 12-09-2014 that showed hypertrophic changes of acromioclavicular joint with fluid within the joint and mild encroachment upon the musculotendinous junction of the supraspinatus muscle; evidence of tendinitis; small subchondral cyst and small tear of the superior glenoid labrum, and apparent tear of the middle glenohumeral ligament. A course of physical therapy was prescribed treating both the cervical and lumbar spine. A primary treating office visit dated December 15, 2014 reported subjective complaint of cervical spine, left shoulder, and lower back pain and stiffness, along with anxiety and depression. The assessment found the patient with cervical spine strain/sprain, rule out herniated nucleus pulposus; lumbar spine strain/sprain, rule out herniated nucleus pulposus, and left shoulder strain/sprain, rule out internal derangement. The plan of care involved having the patient undergo a magnetic resonance imaging study of the cervical and lumbar spine ruling out a herniated nucleus pulposus. The tramadol noted with refill and he will follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol cream (20, 10, 4 %) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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. 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 2013 injury without improved functional outcomes attributable to their use. The Flurbiprofen/ Cyclobenzaprine/ Menthol cream (20, 10, 4 %) 180 gm is not medically necessary and appropriate.