

Case Number:	CM15-0142255		
Date Assigned:	08/03/2015	Date of Injury:	09/22/2014
Decision Date:	09/29/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old female, who sustained an industrial injury on September 22, 2014. She reported neck pain, bilateral shoulder pain, bilateral arm pain, upper back pain, mid back pain and low back pain. The injured worker was diagnosed as having myofascial pain syndrome, impingement syndrome of the right shoulder with rotator cuff syndrome, lumbosacral muscle sprain with low back pain and lower limb radiculitis, cervical spine strain and sprain, rule out cervical radiculopathy, bilateral shoulder sprain and strain, rule out internal derangement, bilateral hip sprain and strain and bilateral ankle sprain and strain, rule out internal derangement. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, acupuncture, home exercises, medications and work restrictions. Currently, the injured worker continued to report neck pain, bilateral shoulder pain, bilateral arm pain, upper back pain, mid back pain and low back pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 8, 2015, revealed continued pain as noted. She rated her pain at 9 on a 1- 10 scale with 10 being the worst. She reported acupuncture and medications were beneficial. She was instructed to continue the home exercise program, continue medications and to limit lifting, pushing and pulling to 10 pounds with no stooping, bending, kneeling or squatting. Evaluation on April 13, 2015, revealed continued pain as noted. She rated her right shoulder pain, right hand pain and right hip pain at 7 on a 1-10 scale with 10 being the worst and her low back and right foot pain at 9 on a 1-10 scale with 10 being the worst. Neer's sign and Hawkin's sign were noted as positive on the right shoulder. Modified work duties were continued. Evaluation on June 15, 2015, revealed continued complaints as noted. She rated her pain at 6-7 on a 1-10 scale with 10 being the worst. She noted it was constant and moderate to severe. Cyclobenzaprine 2%/Flurbiprofen 25%, quantity 180gms was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Flurbiprofen 25%, quantity 180gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 60, 111-112.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [Besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 recommended". Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually. Because topical cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.