

Case Number:	CM15-0164240		
Date Assigned:	09/01/2015	Date of Injury:	08/05/2011
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial-work injury on 8-5-11. She reported an initial complaint of neck pain. The injured worker was diagnosed as having cervical spine sprain-strain, chronic right shoulder rotator cuff tendinitis and labral tear with impingement syndrome, bilateral carpal tunnel release, volar ganglion cyst on the right, excision with residuals and re-growth of the cyst, possible right ulnar neuropathy, status post right ulnar neuropathy, right shoulder arthroscopy and decompression, right shoulder tendinitis and bursitis and degeneration of the acromioclavicular joint and glenohumeral joints and bilateral carpal tunnel syndrome. Treatment to date includes medication. Currently, the injured worker complained of chronic neck and bilateral shoulder pain rated 6 out of 10 that is constant and slightly worsening. The pain radiates down to the mid and low back. Pain in the shoulders is 10 out of 10 and constant. Per the primary physician's report (PR-2) on 7-9-15, exam notes decreased range of motion to the cervical spine, tenderness over the paraspinals, right greater than left, positive Spurling's on the right, decreased sensation bilaterally 4 out of 5 at C5-C8, deep tendon reflexes are 1++ bilaterally at brachioradialis and triceps. The right shoulder had decreased range of motion with tenderness to the acromioclavicular joint, decreased strength 4 out of 5 with flexion and extension, positive Neer's impingement and empty can test. The right elbow revealed tenderness to the medial epicondyle with positive cubital tunnel, flexion at 140 degrees and extension at 45 degrees. The right wrist had decreased grip strength, decreased sensation at the median and ulnar aspects with palpable mass that appears to be a ganglion cyst over the palmar right wrist. The bilateral hands have decreased grip strength, decreased range of

motion and 1+ swelling and tenderness on the interosseous spaces. The requested treatments include 1 Flurbiprofen/Baclofen/Lidocaine cream (20%, 5%, 4%) 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Flurbiprofen/Baclofen/Lidocaine cream (20%, 5%, 4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 11/18/2014).

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.