

Case Number:	CM15-0166893		
Date Assigned:	09/04/2015	Date of Injury:	10/15/1998
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina, Georgia
 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 60 year old female who sustained an industrial injury on 10-15-1998. Mechanism of injury occurred while working as a home health aide she was injured when she lifted a patient. Injury was to her upper extremity and neck. Diagnoses include cervical muscle spasm, cervical sprain-strain, thoracic muscle spasm, thoracic sprain-strain, right shoulder bursitis, left shoulder bursitis, right recurrent carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, status post bilateral carpal tunnel release, status post upper back surgery, status post trigger finger repair, epidural injections, and physical therapy. She is not working. Current medications include Hydrochlorothiazide, Lorazepam, Cyclobenzaprine, Lipitor, Insulin, Zolpidem, ibuprofen, Gabapentin, Tylenol #3, and Omeprazole. A physician progress note dated 07-30-2015 documents the injured worker complains of cervical spine pain, which radiates to her bilateral upper extremities. She rates her pain as 9 out of 10. Cervical spine range of motion is restricted and there is tenderness and spasm to the paracervical muscles. She has intermittent thoracic back pain and rates her pain as 7 out of 10. There is tenderness to the thoracic paraspinal muscles and spasms. She has intermittent right shoulder pain anteriorly that she rates her pain as 9 out of 10 and there is a positive Neer's test. She has pain in her left shoulder that she rates as 5 on a scale of 1 to 10. There is tenderness to palpation anteriorly and there is a positive Hawkins's sign. Her right hand shows a well-healed volar incision, and there is tenderness over the palmar aspect of the right hand. Carpal compression is positive. Her left hand is tender to palpation of the palmar aspect of the left hand and Carpal compression causes tingling. The treatment plan includes

chiropractic session to the cervical and thoracic spine and both shoulders. Treatment requested is for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%, in cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%, in cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Agents Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. Menthol is not recommended as a topical agent. As such, the request for flurbiprofen/baclofen/camphor/menthol/dexamethasone/capsaicin/hyaluronic acid is not medically necessary and the original UR decision is upheld and therefore is not medically necessary.