

Case Number:	CM15-0181807		
Date Assigned:	09/23/2015	Date of Injury:	07/05/2014
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/15/2015

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

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 53 year old female who sustained an industrial injury on 7-5-14. She is currently not working. Diagnoses included irregular posterior cervical protrusion; right shoulder anterior labrum tear; status post right shoulder rotator cuff repair and capsule repair (12-2014). Currently (7-24-15) she complains of persistent neck pain with a pain level of 6 out of 10; right shoulder pain (6 out of 10); elbow pain (8 out of 10). Medication reduces pain level from 6 to 3 out of 10 and physical therapy offers slight pain relief. On physical exam of the cervical spine there was decreased range of motion, tenderness to paraspinals right greater than left, positive Spurling's on the right and decreased strength; right shoulder revealed improvement in strength. Diagnostics include MRI of the cervical spine (4-8-15) showing central stenosis and right mild foraminal stenosis. Treatments to date include physical therapy with slight improvement; medications: Tylenol #3, Ambien with benefit. In the progress note dated 7-24-15 the treating provider's plan of care included a request for flurbiprofen 20%, cyclobenzaprine 10%, menthol cream 4%, 180 grams in an attempt to help control her pain and to wean her from Tylenol #3. The request for authorization was for flurbiprofen 20%, cyclobenzaprine 10%, menthol cream 4%, 180 grams and was dated 8-4-15. On 8-13-15 Utilization Review evaluated and non-certified the request for flurbiprofen 20%, cyclobenzaprine 10%, menthol cream 4%, 180 grams based on the ingredients contained in the compound are not recommended for topical use per ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbinprofen 20%/Cyclobenzaprine 10%/Menthol cream 4% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, 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. The requested medication contains ingredients (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.