

Case Number:	CM15-0185565		
Date Assigned:	09/25/2015	Date of Injury:	03/26/2013
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
 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:

This is a 48-year-old female worker with a date of injury 3-26-2013. The medical records indicated the injured worker (IW) was treated for chronic cervical strain; chronic bilateral trapezial strain; left thumb trigger finger; and left wrist pain. In the 8-24-15 progress notes, the IW reported pain in the neck rated 6 out of 10; left shoulder pain rated 6 out of 10; right shoulder pain rated 3 out of 10; and left hand pain rated 7 out of 10, which was the same or somewhat worse since her last visit due to increased typing and hand use. The neck and shoulder pain was improved from the 6-12-15 visit notes. Medications included Motrin, Flexeril and Ultram, which were helpful. Objective findings on 6-12-15 and 8-24-15 included tenderness over the bilateral cervical paraspinal musculature and bilateral trapezius muscles, with hypertonicity, worse on the left. There was tenderness over the left and right subacromial space. Neurologically, both upper extremities were normal. The A1 pulley of the left thumb revealed tenderness and mild triggering without distal neurological deficits. Treatments included medications, rest and acupuncture and physical therapy, which helped her neck, bilateral shoulders, left arm and hand pain. The IW was working without restrictions. The treatment plan included continued acupuncture and physical therapy, oral medications and the addition of Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream to reduce pain and to help wean the IW from Tramadol. A Request for Authorization dated 9-1-15 was received for Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180 grams. The Utilization Review on 9-8-15 non-certified the request for Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on oral opioids, NSAIDS and muscle relaxants. Combined use of topical medication with the same medications is not indicated nor proven to be efficacious. The use of Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% cream is not medically necessary.