

Case Number:	CM15-0195142		
Date Assigned:	10/08/2015	Date of Injury:	10/15/1998
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 with an industrial injury dated 10-15-1998. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spasm, cervical sprain and strain, thoracic muscle spasm, thoracic sprain and strain, right shoulder bursitis, left shoulder bursitis, and right recurrent carpal tunnel syndrome. According to the progress note dated 08-27-2015, the injured worker reported continuous neck pain, intermittent upper back pain, intermittent bilateral shoulder pain, and frequent bilateral hand pain. Pain level was 6 out of 10 for cervical spine, thoracic spine, right shoulder and left hand. The injured worker rated left shoulder pain 5 out of 10. The injured worker rated right hand pain 0 out of 10 and 8 out of 10 with activities. Current medications (07-30-2015) include Hydrochlorothiazide, Lorazepam, Cyclobenzaprine, Lipitor, Insulin, Zolpidem, Ibuprofen, Gabapentin Tylenol #3, and Omeprazole. Objective findings (07-30-2015 to 08-27-2015) revealed tenderness to palpitation of the cervical paravertebral muscles with spasm, tenderness to palpitation of the thoracic paravertebral muscles with spasm, tenderness to palpitation of the bilateral anterior shoulder and tenderness to palpitation of the palmar aspect of the bilateral hands. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. The injured worker is on temporary total disability. The treatment plan included medication management and chiropractic physiotherapy. There was no toxicology report included for review. Medical records did not indicate how long the injured worker has been on Flurbi-Bacl-Camp-Menth-Dexam-Capsai-Hyaluronic Acid and Cyclobenzaprine 7.5mg #90 1 tid prn. The treating physician prescribed Flurbi-Bacl-Camp-Menth-Dexam-Capsai-

Hyaluronic Acid and Cyclobenzaprine 7.5mg #90 1 tid prn. The utilization review dated 09-03-2015, non-certified the request for Flurbi-Bacl-Camp-Menth-Dexam-Capsai-Hyaluronic Acid and Cyclobenzaprine 7.5mg #90 1 tid prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Bacl/Camp/Menth/Dexam/Capsai/Hyaluronic Acid: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127. This claimant was injured back in 1998; the request is for compounded medicine. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

Cyclobenzaprine 7.5mg #90 1 tid prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 41-42 of 127. The claimant was injured in 1998. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents,

which is not clinically supported in the MTUS. The request is not medically necessary.