

Case Number:	CM15-0198212		
Date Assigned:	10/13/2015	Date of Injury:	03/17/2014
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/08/2015

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: California, 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 was a 37 year old female, who sustained an industrial injury, March 17, 2014. The injured worker was undergoing treatment for cervical disc protrusion, cervical radiculopathy, right rotator cuff tear, left rotator cuff tear, right carpal tunnel syndrome, right wrist sprain and or strain, left carpal tunnel syndrome, right hand tenosynovitis and left hand tenosynovitis. According to progress note of August 20, 2015, the injured worker's chief complaint was eye irritation and pain. The injured worker had blurred vision. The injured worker had burning, radicular neck pain with muscle spasms. The pain was described as constant moderate to severe. The pain was rated at 7 out of 10. The pain was aggravated by looking up, looking down and side-to-side as well as repetitive motions of the head and neck. The pain radiated into the bilateral upper extremities and was associated with numbness and tingling. The mid-back pain was described as burning, radicular mid-back pain and muscle spasms. The pain was aggravated by prolonged positioning including sitting, standing, bending forward and to the side, twisting, and reaching above shoulder level. The injured worker reported the pain was relieved by rest and activity restriction. The physical exam noted tenderness with palpation at the paraspinal, trapezius and scalene muscles. There was tenderness with palpation at the occiput. There was decreased range of motion in all planes of the cervical spine. The injured worker previously received the following treatments extracorporeal shockwave therapy, Flexeril, Gabapentin, Naproxen, Omeprazole, Tramadol, and topical ointments. The RFA (request for authorization) dated August 14, 2015; the following treatments were requested prescription for Cyclobenzaprine 5% cream and Flurbiprofen 25% 180gr. The UR (utilization review board)

denied certification on September 17, 2015; for prescriptions for Cyclobenzaprine 2% and Flurbiprofen 25% 180gr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% - Flurbiprofen 25% 180gm: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, for compounded products, if at least one drug (or drug class) is not recommended the product is not recommended. In this case, the patient is already being prescribed oral Flexeril and an NSAID (Naproxen), and there is no rationale for given topical agents in addition to the same drug or drug class orally. Further, Flexeril is not recommended for topical use. Therefore the request is not medically necessary or appropriate.