

Case Number:	CM15-0024008		
Date Assigned:	02/13/2015	Date of Injury:	08/18/2007
Decision Date:	04/02/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	02/09/2015

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:

The 52 year old male injured worker suffered and industrial injury on 8/18/2007. The diagnoses were left shoulder rotator cuff repair and left carpal tunnel syndrome. The treatments were medications. The treating provider reported left shoulder pain 8/10 and left hand pain 7/10 along with right arm pain 9/10. The Utilization Review Determination on 12/29/2014 non-certified FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%) 180gm, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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 is not recommended due to lack of evidence. Since the compound above contains the topical medication, the compound in question is not medically necessary.