

Case Number:	CM15-0047243		
Date Assigned:	03/19/2015	Date of Injury:	12/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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

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:

This 57 year old male sustained an industrial injury to the neck, left shoulder, arm, hand and fingers. Previous treatment included left shoulder arthroscopy, physical therapy, injections and medications. In an initial medical evaluation dated 1/27/15, the injured worker complained of left shoulder pain rated 7-8/10 on the visual analog scale, associated with numbness, tingling and stiffness. Physical exam was remarkable for left shoulder with tenderness to palpation and spasms of the upper trapezius muscles, tenderness to palpation to the left biceps, atrophy of the left deltoid muscle and decreased range of motion. Current diagnoses included left shoulder pain, left biceps sprain/strain, flexor tendonitis, left thumb triggering and medication induced gastritis. The treatment plan included a functional restoration program, medications (Tramadol, Cyclobenzaprine, Ibuprofen and Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Flurbiprofen25% quantity: 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 9792.20 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 2%/Flurbiprofen 25% quantity: 180gm is not medically necessary.