

Case Number:	CM15-0060592		
Date Assigned:	04/06/2015	Date of Injury:	04/25/2014
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female with a date of injury of 4/25/2014. She reported right shoulder pain. MRI scan of the right shoulder revealed a full-thickness tear of the supraspinatus tendon. A request for arthroscopy of the right shoulder with rotator cuff repair has been certified by utilization review. Additional requests for ibuprofen 800 mg #180 and topical compounded preparation of cyclobenzaprine, baclofen, lidocaine, and flurbiprofen were noncertified. CA MTUS guidelines were cited. These requests are now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800g #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen Page(s): 67, 72.

Decision rationale: California MTUS chronic pain medical treatment guidelines indicate NSAIDs are recommended for osteoarthritis including the knee and hip at the lowest dose for the shortest period of time In patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen particularly for patients with moderate to severe pain. With regard to Ibuprofen, the recommended dose for pain relief is 400 mg by mouth every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. The requested dose of 800 mg is not supported by guidelines for pain relief and as such, the medical necessity of the request is not substantiated.

Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5%, and Flubiprofen 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112, 113.

Decision rationale: Topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate use of antidepressants and anticonvulsants with associated failure. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Baclofen is not recommended. The only topical NSAID recommended by FDA is Voltaren. Flurbiprofen is not recommended. As such, the request for topical cyclobenzaprine, baclofen, lidocaine and flurbiprofen is not recommended and the medical necessity of the request has not been established.