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| Case Number: | CM15-0081632 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 03/27/2011 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female, who sustained an industrial injury on 03/27/2011. On provider visit dated 03/25/2015 the injured worker has reported bilateral wrist pain. On examination the bilateral shoulder pain was noted. The diagnoses have included carpal tunnel syndrome, lesion of the ulnar nerve and rotator cuff tear. Treatment to date has included medication, x-rays and laboratory studies. The provider requested Flurbiprofen 20%, Cyclobenzaprine 10%, and Menthol 4% cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of

these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The proposed treatment (Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream) contains Menthol a topical analgesic and Flurbiprofen not recommended by MTUS. There is no documentation of pain and functional improvement with previous use of the topical analgesic. Based on the above Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream is not medically necessary.