

Case Number:	CM15-0234927		
Date Assigned:	12/10/2015	Date of Injury:	08/18/2014
Decision Date:	01/20/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/01/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year-old female, who sustained an industrial injury on 8-18-2014. The injured worker was being treated for post-concussive injury and chronic widespread pain, cervical stenosis, left rotator cuff tear, panic disorder, posttraumatic stress, adjustment disorder, depression, anxiety, and agoraphobia. The injured worker (6-24-2015 and 8-10-2015) reported improvement in neck pain and ongoing severe left shoulder pain. The physical exam (6-24-2015 and 8-10-2015) revealed continued tenderness of the cervical spine with decreased range of motion and marked tenderness of the left shoulder with frozen range of motion. The injured worker (11-9-2015) reported ongoing symptoms of claustrophobia, anxiety, and feeling she was going to die. The injured worker reported did not report neck or left shoulder pain. She reported taking Tylenol multiple times a day. The physical exam (11-9-2015) revealed continued tenderness of the cervical spine with decreased range of motion and marked tenderness of the left shoulder with frozen range of motion. Treatment has included physical therapy, psychotherapy, cervical epidural steroid injections, and oral pain medication. Per the treating physician (11-9-2015 report), the injured worker has not returned to work. The treatment plan (11-9-2015) included cream. The treating physician noted the injured worker did not tolerate oral medications well, but was otherwise non-specific. The requested treatments included Flurbiprofen 20%/ Cyclobenzaprine. On 11-30-2015, the original utilization review non-certified a request for Flurbiprofen 20%/ Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% - Cyclobenzaprine: 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: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug that is not recommended is itself not recommended. The requested medication is a compound containing medications in the muscle relaxant and non-steroidal anti-inflammatory (NSAID) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The Guidelines do not support the use of topical muscle relaxants. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an indefinite supply of a compound containing Flurbiprofen (20%) and Cyclobenzaprine (at an unspecified concentration) is not medically necessary.