

Case Number:	CM14-0114170		
Date Assigned:	08/01/2014	Date of Injury:	05/12/2014
Decision Date:	09/26/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male who reported an injury on 05/12/2014. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine and lumbar spine musculoligamentous injury and bilateral shoulder impingement. The previous treatments included medication. Within the clinical note dated 05/01/2014, the injured worker complained of neck pain with tingling in his arms and hands. He complained of upper back pain, low back pain, bilateral shoulder pain, bilateral wrist pain and tingling, bilateral hand pain, chest pain, and finger pain, all with tingling. Upon the physical examination, the provider noted the injured worker had tenderness to palpation over the cervical paraspinal muscles and decreased range of motion secondary to pain. The range of motion was flexion at 45 degrees and extension at 55 degrees. Upon examination of the lumbar spine, the provider noted tenderness to palpation of the lumbar paraspinal muscles and decreased range of motion. The range of motion was noted to be 55 degrees of flexion and 15 degrees of extension. The provider noted the injured worker had tenderness to palpation of the acromioclavicular joint. The injured worker had a positive Neer's, Hawkins' Kennedy, and O'Brien's test. The provider requested Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor cream, and Cyclobenzaprine, Tramadol, and Flurbiprofen cream for inflammation and pain. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025 %, Flurbiprofen 20%, Tramadol 15% Menthol 2%, Camphor 2%, 180GM,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-113.

Decision rationale: The request for Capsaicin 0.025 %, Flurbiprofen 20%, Tramadol 15% Menthol 2%, and Camphor 2%, 180gm is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Flurbiprofen is noted to be used for osteoarthritis and mild to moderate pain. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014. There is a lack of documentation indicating the injured worker was not responsive or intolerant to other treatments. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 41, 72, 111-113.

Decision rationale: The request for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. Cyclobenzaprine is recommended as an option, using a short course of therapy. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.