

Case Number:	CM14-0121899		
Date Assigned:	08/06/2014	Date of Injury:	05/01/2009
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 45 year old female with an injury date on 05/00/2009. Based on the 07/01/2014 progress report provided by Dr. [REDACTED], the diagnoses are cervical facet syndrome and status post arthroscopic repair with residuals of right shoulder. According to this report, the patient presents with sharp and achy neck pain that's radiates into the upper extremity, causing weakness and numbness. Pain is rated as a 6/10. The patient also complains of bilateral shoulder pain with weakness; pain rated as a 6/10 and bilateral elbow pain with achy; pain is rated at a 4/10. Cervical compression, Jackson's, Romberg's Apprehension, Neer's sign, wrist Tinel's and elbow Tenel's test are all positive. Cervical range of motion is deceased. There were no other significant findings noted on this report. The utilization review denied the request on 07/22/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 11/18/2013 to 07/01/2014.

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, QTY: 180 gm: 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 Analgesics Page(s): 111-113.

Decision rationale: According to the 07/01/2014 report by Dr. [REDACTED] this patient presents neck pain, bilateral shoulder and elbow pain with weakness. The provider is requesting Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% cream, QTY: 180 gm but the treating physician's report and request for authorization containing the request are not included in the file. Regarding Cyclobenzaprine topical, MTUS states that other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The guidelines further state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is not recommended for topical formulation. Therefore, this request is not medically necessary.

Keratek (Methyl Salicylate/Menthol) Gel, QTY: 4oz: 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 Analgesics Page(s): 111-113.

Decision rationale: According to the 07/01/2014 report by Dr. [REDACTED] this patient presents neck pain, bilateral shoulder and elbow pain with weakness. The provider is requesting Keratek (Methyl Salicylate/Menthol) Gel, QTY: 4oz but the treating physician's report and request for authorization containing the request are not included in the file. Keratek contains methyl salicylate. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. This patient has elbow pain for which a topical NSAID may be indicated. However, the provider does not indicate how this topical is being used with what efficacy. MTUS require documentation of pain and function when medications are used for chronic pain (page 60). Therefore, this request is not medically necessary.