

Case Number:	CM14-0129976		
Date Assigned:	08/20/2014	Date of Injury:	09/06/2012
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Medicine and is licensed to practice in Oklahoma. 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 female who reported a work related injury on 09/05/2012 due to cumulative injuries. The affected body parts were the neck, bilateral shoulders, right arm, right wrist, left upper extremities, and upper back. The injured worker was diagnosed with right shoulder tendinitis and impingement. Past treatment has included medication and physical therapy. An MRI of the right shoulder dated 03/10/2014, revealed right rotator cuff tendinosis, mild degenerative fraying of the anterior and superior labrum, and right AC joint arthritis. Upon examination on 07/22/2014, the injured worker complained of constant neck pain, which she rated as an 8/10. She stated the pain radiated to her upper back, bilateral shoulders, and arms. On the right side it radiated down to the wrist, hand, and fingers, and on the left arm down to the elbow only. She reported numbness and a tingling sensation in the right arm and hand. The pain increased with prolonged sitting, bending, or raising of the hand. The pain was noted to decrease with pain medication. The injured worker was noted to have tenderness to palpation with spasms of the right upper trapezius muscle. It was also noted that the injured worker had a positive Hawkins sign and limited overhead activities. The injured worker's current medications were tramadol and naproxen. The treatment plan consisted of an x-ray of the upper back, right shoulder, bilateral elbows, and bilateral wrists and also included a request for acupuncture at 2 times a week for the next 6 weeks as well as Gabapentin, Tramadol, Cyclobenzaprine, and Naproxen. The request is for Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20%, 180 g. The rationale for the request was not submitted for review. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The request for Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20% 180gm is not medically necessary. The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regards to Cyclobenzaprine, the guidelines state there is no evidence for the use of any muscle relaxant as a topical product. In regards to Flurbiprofen, the guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment when investigated and this effect appeared to diminish over time, and it is stated that further research is required to determine if results are similar for all preparations. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. The requested medication contains at least one drug that is not recommended for topical use; therefore, use of the requested cream is not supported. As such, the request for Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20% 180gm is not medically necessary.