

Case Number:	CM14-0147691		
Date Assigned:	09/15/2014	Date of Injury:	02/06/2012
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old female with an injury date of 02/06/2012. Based on the 06/17/2014 progress report, the patient complains of having neck pain which radiates to her arms as well as upper back pain which is worsened by lifting, pushing, and pulling. The patient also has lower back pain which radiates to the legs, associated with numbness and tingling of the legs. She has bilateral shoulder pain which radiates to the forearms and left arm pain which is associated with numbness and weakness. The patient also has bilateral elbow pain, bilateral wrist pain, bilateral hand pain, bilateral finger pain, bilateral leg pain, bilateral knee pain, bilateral foot pain, difficulty falling asleep, stress, anxiety, and intermittent respiratory problems. In regards to the cervical spine, there is tenderness to palpation over the paracervical, trapezius, and suboccipital muscles bilaterally. For the thoracic spine, there is tenderness to palpation of the paradorsal muscles and there is tenderness with spasm over the paralumbar muscles of the lumbosacral spine. In regards to bilateral shoulders, there is tenderness to palpation of the rotator cuff muscles and upper trapezius muscles bilaterally. The bilateral wrists have tenderness to palpation bilaterally and bilateral hands have tenderness to palpation at all MCP/IP joints bilaterally. Palpation reveals tenderness bilaterally of the bilateral knees. The patient's diagnoses include the following: 1. Cumulative trauma disorder, cervical spine. 2. Cumulative trauma disorder, lumbar spine. 3. Multilevel lumbar disk bulges with bilateral neuroforaminal narrowing. 4. Lumbar spine spondylosis with degenerative disk disease. 5. Cumulative trauma disorder, bilateral shoulders and arm. 6. Cumulative trauma disorder, bilateral wrists and hands. 7. Degenerative joint disease, bilateral hands. 8. Degenerative joint disease, bilateral hips. 9. Fracture, right femur; status post ORIF with IM rod, nonindustrial. 10. Contusion/sprain, left knee. 11. Medial meniscal tear, left knee. 12. Tricompartamental chondromalacia, left knee.

13. Status post medial meniscus tear repair surgery, left knee. 14. Pain, right knee, compensable consequence. 15. Degenerative joint disease, bilateral knees. 16. Calcaneal spur, bilateral ankles. 17. Anxiety/depression. 18. Insomnia. 19. Helicobacter pylori infection. The utilization review determination being challenged is dated 08/14/2014. Treatment reports were provided from 03/04/2014 - 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Fluriflex 240gm: 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.

Decision rationale: Based on the 06/17/2014 progress report, the patient complains of having neck pain, upper back pain, lower back pain, bilateral shoulder pain, left arm pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain, bilateral finger pain, bilateral leg pain, bilateral knee pain, bilateral foot pain, respiratory problems, difficulty falling asleep, stress, and anxiety. The request is for a compound medication, Fluriflex 240 g. The report with the request was not provided. MTUS states that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, cyclobenzaprine is not recommended per MTUS for topical formulation. Therefore, the request is not medically necessary.