

Case Number:	CM14-0159765		
Date Assigned:	10/03/2014	Date of Injury:	01/10/2013
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 Texas and 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 47 year old female who reported an injury on 01/10/2013. The mechanism of injury was not specified. Her diagnoses include adhesive capsulitis of shoulder, unspecified hypothyroidism, right shoulder internal derangement, right shoulder myospasm and right shoulder sprain. Her past treatments included surgery and medications. On 07/01/2014, the injured worker complained of numbness, weakness and frequent sharp pain rated at 6/10. Her medications were stopped and changed to Tylenol as needed due to upset stomach. On physical examination the range of motion for the right shoulder were reported to be decreased with abduction at 85/90. Medications were noted to include Tylenol. A request was received for 1 Container of Cyclobenzaprine 2% and Flurbiprofen 20% 180 grams between 9/11/2014 and 10/26/2014 and 1 Container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2% 180 grams between 9/22/2014 and 10/26/2014. The rationale for the request was not submitted. 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:

I Container of Cyclobenzaprine 2% and Flurbiprofen 20% 180 grams between 9/11/2014 and 10/26/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: California MTUS guidelines states that topical analgesics are highly experimental and are recommended only when trials of antidepressants and anticonvulsants have failed. Also, topical compounds that contain at least one drug that is not recommended, are also not recommended. The guidelines also state that use of topical NSAIDs have not been evaluated for the spine, hip or shoulder, disqualifying the use of Flurbiprofen. In addition, the guidelines state that muscle relaxants are not recommended due to lack of evidence for topical use. Therefore, as the requested compound contains cyclobenzaprine and Flurbiprofen which are not recommended, the compound is also not recommended. Therefore the request is not medically necessary.

1 Container of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2% 180 grams between 9/22/2014 and 10/26/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: California MTUS guidelines states that Capsaicin as a topical is only recommended in the event the injured worker did not respond or tolerate other treatments. The injured worker was noted to have an intolerance to first-line medications. However, the guidelines also state that use of topical NSAIDs have not been evaluated for the spine, hip or shoulder, disqualifying the use of Flurbiprofen. Therefore, as the requested compound contains Flurbiprofen which is not recommended, the compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore the request is not medically necessary.