MAXIMUS Federal Services

Case Number:	CM14-0165781		
Date Assigned:	10/10/2014	Date of Injury:	12/12/2012
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 injured worker is a 65 year old male with a date of injury on December 12, 2012. He is diagnosed with (a) L5 to S1 discopathy with bilateral lumbar radiculopathy, (b) cervical hyperextension/hyperflexion injury, (c) anxiety and distress, and (d) bilateral shoulder impingement syndrome.Per as records dated May 1, 2014, he complained of moderate pain in the bilateral shoulder and lower back. It was noted that he attended five visits of physical therapy with improvements. He reported that the pain in the bilateral shoulder and lower back were aching and stabbing with numbness. He stated that using pain medications and creams helped his conditions. Objectively, his gait was antalgic, with compromised toe and heel walk. The examination of the bilateral shoulder revealed tenderness over the sternoclavicular joint, anterior capsule, and acromioclavicular joint. Ranges of motion of the bilateral shoulder showed moderately decreased in all planes. The Neer's, Hawkin's, and impingement signs were positive. The examination of the lumbar spine demonstrated spasm and tenderness over the paralumbar musculature. Sciatic stretch sign and the straight leg raise test were positive. Ranges of motion from midline lumbar spine down to the thoracic area had significantly reduced due to pain and discomfort. Per progress report dated 8/21/14, the injured worker complained of continuing pan in the lower back and right shoulder. He reported well controlled pain with topical creams. The examination of the right shoulder revealed "ridge" with slight tenderness over the acromioclavicular joint. Tenderness was also seen over the anterior shoulder capsule. The examination of the lumbar spine showed tenderness. The sciatic stretch sign was mildly positive. It was noted that his pain was well controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compound #240 with 0 refills (to include N Microsome Base Cream CRE #186; Cyclobenzaprine HCL POW 100% #18; N Flurbiprofen POW #36): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain, Compound drugs

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

Decision rationale: The request for flurbiprofen compound #240 with 0 refills is not warranted at this time. Although it was stated in the records that his pain was well controlled, there was no documentation of objective and functional improvement derived from this medication to necessitate its use. Moreover, The Chronic Pain Medical Treatment Guidelines states that there is no evidence to support the use of this medication for neuropathic pain. Therefore, it can be concluded that the request for flurbiprofen compound #240 with 0 refills is not medically necessary.