

Case Number:	CM14-0184807		
Date Assigned:	11/12/2014	Date of Injury:	04/28/2012
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 64 years old female with an injury date of 04/28/12. The 07/30/14 progress report states that the patient presents with frequent often constant dull, achy, often sharp neck pain rated 6-8/10 along with dull, achy bilateral shoulder pain rated 6-7/10. The patient also presents with burning bilateral wrist pain rated 5-7/10, sharp stabbing lower back pain rated 7-8/10 and dull, achy bilateral knee pain rated 6-7/10. Cervical spine examination reveals +2 tenderness to palpation of the suboccipital muscles with trigger points at the right upper trapezius. There is moderate tenderness to palpation at the rotator cuff tendon bilaterally with +2 tenderness and at the supraspinatus and infraspinatus muscle and tendon attachment site of the right shoulder. Examination also shows +2 tenderness to palpation at the carpal tunnel and tenderness to palpation at the bilateral PSIS's and over the spinous processes L3-L5. The patient's diagnoses include: 1. Cervicalgia 2. Cervical spine multilevel HNP 3. Status post right shoulder surgery (date unknown) 4. Right shoulder rotator cuff tear 5. Left shoulder/sprain/strain rule out internal derangement 6. Bilateral wrists internal derangement 7. Bilateral hand pain 8. Lumbago 9. Lumbar disc displacement HNP 10. Lumbar spine radiculopathy 11. Bilateral knee internal derangement The utilization review being challenged is dated 10/22/14. Reports were provided from 05/28/14 to 08/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 25% 180gm TID: 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 creams, Topical Analgesics Page(s): 111, 113.

Decision rationale: The patient presents with pain in the neck, bilateral shoulders, bilateral wrists, lower back and bilateral knees rated 6-8/10. The treater requests for CYCLOBENZPRINE 2% FLURBIPROFEN 25% 180 gm TID. MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. 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 supported for topical formulation. Therefore, the request is not medically necessary.

Capsaicin 0.025% Flurbirpofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm TID: 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 creams, Topical Analgesics Page(s): 111, 113.

Decision rationale: The patient presents with pain in the neck, bilateral shoulders, bilateral wrists, lower back and bilateral knees rated 6-8/10. The treater requests for CAPSAICIN 0.025%, FLURBIPROFEN 15% GABAPENTIN 10% MENTHOL 2% CAMPHOR 2% 180 gm TID. MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request is not medically necessary.