

Case Number:	CM14-0086221		
Date Assigned:	07/23/2014	Date of Injury:	07/14/2006
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 56-year-old female who reported an injury after she fell 07/14/2006. The clinical note dated 12/25/2013 indicated diagnoses of cervical spine pain, cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral wrist carpal tunnel syndrome, lumbago and lumbar radiculopathy. The injured worker reported cervical spine, bilateral shoulders, bilateral wrists, and lumbar spine pain rated 9/10 to 10/10 described as constant, moderate to severe, aggravated by looking up, looking down, gripping, grasping, reaching, prolonged positioning including sitting, standing, walking. The injured worker reported the pain was associated with numbness and tingling of the left arm and left hand that radiated down to the fingers. On physical examination of the cervical spine, there was tenderness to palpation at the trapezius, levator scapula, rhomboids, scalenes, splenius muscles bilaterally with trigger points noted. The injured worker's cervical spine range of motion was decreased with positive Spurling's, cervical distraction, and cervical compression test bilaterally. The injured worker's range of motion for the bilateral shoulder was decreased with tenderness to palpation at the AC joint and subacromial space with positive Neer's Impingement sign, Kennedy Hawkins and Jobe's sign bilaterally. The injured worker's bilateral wrist exam revealed tenderness to palpation at the dorsum of the wrist and the over the carpal tunnel bilaterally with decreased range of motion with a positive Tinel's, Phalen's, and Prayer test bilaterally. The injured worker's sensation was diminished over C5-8 and T1 dermatomes in the bilateral upper extremities. The injured worker's motor strength was 4/5 in all muscle groups in the bilateral upper extremities. The injured worker's deep tendon reflexes were 1+ and symmetrical. The injured worker's lumbar spine examination revealed tenderness to palpation on the bilateral PSIS more on the right side with tenderness to palpation over the bilateral paraspinal muscles, as well as hiatic notch tenderness on the left side. The injured worker's range of motion for the lumbar spine was decreased with positive tripod, Flip

test, and Lasegue's Differential bilaterally. The injured worker had a slightly decreased sensation at L4, L5, and S1 dermatomes bilaterally, greater on the right side with decreased motor strength at L2-5 and S1 myotomes secondary to pain. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Deprizine, Fanatrex, Synapryn, Tabradol, Cyclophene, Ketoprofen cream. The provider submitted a request for topical compound. A Request for Authorization was not submitted for review to include the date the treatment was request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Tramadol/Diclofenac/Cyclobenzaprine/Flurbiprofen (duration unknown and frequency unknown) dispensed on 01/30/2014 for treatment of right shoulder, cervical spine, and lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic and Topical NSAIDs.

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

Decision rationale: The request for Retrospective request for medications Tramadol/Diclofenac/Cyclobenzaprine/Flurbiprofen (duration unknown and frequency unknown) dispensed on 01/30/2014 for treatment of right shoulder, cervical spine, and lumbar spine is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, thorough research of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. In addition, the documentation did not indicate the injured worker had findings that would support she was at risk for osteoarthritis. Moreover, guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. Furthermore, the provider did not indicate a rationale for the request. Additionally, the request did not indicate a frequency, quantity, or dosage. Therefore, the request for Retrospective request for medications Tramadol/Diclofenac/Cyclobenzaprine/Flurbiprofen (duration unknown and frequency unknown) dispensed on 01/30/2014 for treatment of right shoulder, cervical spine, and lumbar spine is not medically necessary.