

Case Number:	CM14-0198782		
Date Assigned:	12/09/2014	Date of Injury:	05/21/2014
Decision Date:	06/17/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 27-year-old female, who sustained an industrial injury on 5/21/14. The injured worker has complaints of frequent pain in her right fingers and thumb traveling to her right thumb. The diagnoses have included sprain of right thumb and depression. Objective findings noted that palpation reveals nonspecific tenderness in the right hand and moderate tenderness at the lateral on the right and at the left. Treatment to date has included physical therapy; injections; extracorporeal shockwave treatment; Functional Restoration Program; naproxen; flurbiprofen and cyclobenzaprine. The request was for transdermal analgesics naproxen sodium 60 percent, flurbiprofen 20 percent 230 gram, cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL ANALGESICS NAPROXEN SODIUM 60 PERCENT, FLURBIPROFEN 20 PERCENT 230G, CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation does not support that the patient has tried and failed first line medications. Therefore, this request is not medically necessary.