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| Case Number: | CM14-0214760 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 09/06/2012 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female who sustained a work injury on 09/05/2012. The mechanism of injury is documented as occurring while she was doing housekeeping work (at her job) and felt a pull and pop in the neck and shoulder area. Initially she was treated and diagnosed with right shoulder sprain/strain. She received medication and therapy without improvement. MRI of the cervical spine revealed evidence of stenosis at Cervical (C) 5 - 6. MRI of the shoulder revealed evidence of stenosis and tendinitis. Follow up visit dated 05/29/2014 notes the injured worker (IW) continued with dull aching pain with numbness and burning sensation into the neck and right shoulder (unchanged from previous exams) that radiated into the right upper extremity. She rated the pain as 10/10. She was seen by an orthopedist on 06/13/2014 with a diagnosis of tendinitis and impingement of the right shoulder. Right shoulder arthroscopy was recommended. Provider note on 09/19/2014 noted the IW continued to complain of neck pain, pain in her shoulders and wrist which she rated as 8/10. On 11/18/2014 the provider noted the IW stated her pain was well controlled with medication and that acupuncture helped decrease her pain temporarily and she was able to do more activities of daily living. She also had more restful sleep. Physical exam revealed tenderness over the C5-6 and C 6- 7 bilaterally with tenderness of paraspinous muscles with spasms over C 6-7 and C7 - thoracic (T) 1. Range of motion was decreased. There was positive Spurling and compression bilaterally. Right shoulder revealed tenderness over the bicipital groove, the deltoid and the posterior supraspinatus and infraspinatus muscle groups with decreased range of motion. There was tenderness over the medial and lateral epicondyles and wrists with positive Tinel's sign. X-rays of the right shoulder, bilateral elbows

and x-ray of bilateral wrists were unremarkable. Reports are present in the submitted records. Diagnoses included migraine and tension headaches, cervical spine sprain/strain with myospasms, cervical spine disc protrusions, cervical radiculopathy, right shoulder sprain/strain, tendinosis and bilateral medial and lateral clinical epicondylitis. Prior treatments included non-steroidal anti-inflammatory drugs, pain medications, muscle relaxants, epidural injections at C 5 - 6 and acupuncture. Surgery had been requested however there was no operative note in the chart. Urine drug toxicology screen was done on 07/22/2014 and was consistent with the IW treatment. Work status was modified duty - if not available total temporary disability. On 11/18/2014 the provider requested Cyclobenzaprine 2 % and Flurbiprofen 25% 180 gm. On 12/03/2014 utilization review denied the request. The request was then appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Cyclobenzaprine/Flurbiprofen: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS also states that all topical preparations of muscle relaxants are not recommended due to the lack of support evidence for the use in treating chronic pain long-term. In the case of this worker, she was taking and recommended to continue her naproxen as well as use cyclobenzaprine/flurbiprofen cream. It seems redundant to use a topical NSAID in combination with an oral NSAID. There was no evidence found in the documentation to suggest the worker was not tolerating the oral NSAID to help justify the addition of the topical product. Regardless, however, the topical product requested for the worker includes cyclobenzaprine, a non-recommended muscle relaxant for topical use, and therefore, the cyclobenzaprine/flurbiprofen will be considered medically unnecessary.