Case Number:	CM14-0218199		
Date Assigned:	01/07/2015	Date of Injury:	11/25/2013
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with a date of injury of November 25, 2013. Results of the injury include cervical spine, lumbosacral spine, and bilateral shoulders. Diagnosis included cervical musculoligamentous strain/sprain with radicululits, thoracic musculaoligamentous strain/sprain, and lumbosacral musculollgamentous. Treatment has included fluriflex, omeprazole, bilateral arm splint, bilateral wrist brace, lumbar brace, and urine screening. Magnetic resonance imaging (MRI) of the left shoulder dated February 16, 2014 showed supraspinatus tendinosis. MRI of the right shoulder revealed supraspinatous and infraspinatus interstitial partial thickness tearing and tendinosis. MRI of the left elbow dated March 21, 2014 showed tendinosis of common extensor tendon at lateral epicondyle. MRI of the right elbow showed a partial tear of common extensor tendon at lateral epicodyle. Progress report dated August 13, 2014 showed decreased range of motion of bilateral shoulders. There was pain on resisted wrist and long finger extension bilaterally. The treatment plan included injections and possible surgery. Utilization review form dated December 11, 2014 non certified Flurbiprofen 20 % cyclobenzaprine 4 % Lidocaine 5 % 120 gm and Aleever patch due to noncompliance with Official disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Top Creams 1) Flurbiprofen 20% Cyclobenzaprine 4% Llidocaine 5% 120 Gm 2)Aleever Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: With regards to the request for Flurbiprofen 20%, cyclobenzaprine 4%, Lidocaine 5% (120 gram), and alleve patches, MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. In the absence of guideline support for topical muscle relaxants, be currently requested cyclobenzaprine powder is not medically necessary. Therefore, the request for compound cream consistent of Flurbiprofen 20%, cyclobenzaprine 4%, Lidocaine 5% (120 gram), and alleve patches are not medically necessary.