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| Case Number: | CM15-0010003 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 07/15/2012 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 42 year old female sustained an industrial injury to the left shoulder on 7/15/12. Treatment included medications, acupuncture, physical therapy and left shoulder surgery. In a PR-2 dated 12/17/14, the injured worker complained of neck pain radiating to the left upper extremity with paresthesias and left shoulder pain. Physical exam was remarkable for cervical spine with tenderness to palpation, decreased range of motion and spasms and decreased range of motion to the left shoulder. The physician noted that magnetic resonance imaging of the cervical spine had been done on 11/22/14; however, the results were illegible. The treatment plan included requesting an EMG/NCV of the upper extremities, requesting a spine surgeon to evaluate the magnetic resonance imaging results and continuing current medications. On 1/2/15, Utilization Review noncertified a request for Flexeril 7.5mg #240, Flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 2%/ Camphor 1% 120gms #4 and Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5% 120gms #4 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. The medical course has included numerous treatment modalities and use of several medications including muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. Additional, spasms are not documented on physical exam. The medical necessity of cyclobenzaprine (flexeril) is not substantiated in the records.

Flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 2%/ Camphor 1% 120gms #4: 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 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical flurbiprofen 10%/ Capsaicin 0.025%/ Menthol 2%/ Camphor 1% 120gms #4 in this injured worker, the records do not provide clinical evidence to support medical necessity.

Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5% 120gms #4: 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 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical

NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5% 120gms #4 in this injured worker, the records do not provide clinical evidence to support medical necessity.