

Case Number:	CM15-0013656		
Date Assigned:	02/02/2015	Date of Injury:	03/24/2008
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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: North Carolina
 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 55 year old female sustained an industrial injury on 3/24/08, due to repetitive trauma. The injured worker complained of ongoing right shoulder and neck pain with radiation to bilateral upper extremities. Treatment included physical therapy, right shoulder arthroscopy with debridement and distal clavicle excision (9/2010), cervical fusion (2/2012) and medications. Magnetic resonance imaging cervical spine (5/31/14) showed disc protrusion and central stenosis. Magnetic resonance arthrogram right shoulder (3/21/12) showed moderate tendinosis. The injured worker developed chronic dependency on narcotic medications. In a comprehensive pain management evaluation (11/18/14), the injured worker complained of pain across the cervical spine and over the right shoulder with tingling and numbness to bilateral fingers. Physical exam was remarkable for tenderness to palpation over the paraspinal muscle of the cervical spine, the right upper trapezius muscles, the right shoulder, acromial and anterior joints and over cervical spine vertebral interspaces with limited range of motion to the cervical spine and right shoulder. There was moderate muscle spasm and guarding, 5/5 strength to the right shoulder and mild sensory deficit over the C5 and C6 dermatomes bilaterally. Current diagnoses included status post C5 to C7 cervical fusion with persistent cervicgia, chronic right shoulder pain, bilateral cervical radiculitis and chronic pain syndrome. The physician noted that the injured worker had lately been relying on medications to control her intractable pain and keep her functional with daily activities. On 12/26/14, Utilization Review noncertified a request for Chronic Pain Functional Rehabilitation Program and Compounded topical medication-

Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 5% compound cream 240mg citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic Pain Functional Rehabilitation Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration program Page(s): 48.

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration program states: Functional restoration programs (FRPs). Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. Functional restoration programs are recommended per the California MTUS but not for periods of greater than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request is for an unspecified time period, which is in excess of California MTUS recommendations, and therefore the request is not certified.

Compounded topical medication-Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 5% compound cream 240mg: 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 topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients such as cyclobenzaprine, which are not recommended for topical use per the California MTUS. When a compound contains one ingredient that is not recommended, the entire compound is not recommended per the California MTUS. Therefore the request is not certified.