

Case Number:	CM15-0124830		
Date Assigned:	07/09/2015	Date of Injury:	03/19/2013
Decision Date:	09/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on March 19, 2013. He reported right shoulder and bicep pain. The injured worker was diagnosed as having right shoulder rotator cuff tear, right shoulder biceps tendinosis, status post biceps tendon repair from April 2013 and left elbow tendonitis secondary to compensatory factors, resolved. Treatment to date has included diagnostic studies, surgical intervention of the biceps, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right shoulder and biceps pain with associated swelling of the biceps. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 31, 2015, revealed continued pain as noted. He reported persistent and constant pain made better with medications (pills) and rest. He reported the pain was worsened with activities and rated the pain at the time of the evaluation at 8 on a 1-10 scale with 10 being the worst. He noted the pain was reduced to 4-5 out of 10 with 10 being the worst with the use of Norco. He reported he had completed 3/12 physical therapy visits but noted it was too early to notice benefit however he noted developing swelling of the distal bicep. Evaluation on February 22, 2015, revealed pain rated at 7-8/10 with the same frequency as the last visit. He reported Norco decreasing the pain to a 4 on a 1-10 scale and ibuprofen decreasing pain to a 5 on a 1-10 scale. It was noted there was no increasing functionality. He continued to work with restrictions. Evaluation on May 26, 2015, revealed pain rated at 8/10 on a 1-10 scale with 10 being the worst. It was noted NSAIDs were causing gastrointestinal upset. A slight increase in range of motion of the right shoulder was noted. The plan included continuing physical therapy, prescribing a topical pain cream and eventually decreasing oral NSAID use. Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% 1 gm was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4% 1 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (online version).

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

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Cyclobenzaprine. MTUS guidelines states that muscle relaxants are not recommended as there is no evidence to support its use. Additionally, the request does not include dosing frequency, duration, or location of application. The request is not medically necessary.