

Case Number:	CM15-0125119		
Date Assigned:	07/09/2015	Date of Injury:	10/30/2007
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
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: California, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female with an industrial injury dated 10/30/2007. The injured worker's diagnoses include cervical sprain/strain musculoligamentous with radiculitis; rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous sprain/strain with radiculitis; rule out lumbosacral spine discogenic disease; left shoulder strain/sprain, left shoulder tendinitis, left elbow strain/sprain, and left elbow lateral epicondylitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/10/2015, the injured worker reported neck pain, back pain, left shoulder pain and left arm pain. Objective findings revealed cervical spine tenderness to palpation with spasm, decreased cervical range of motion, positive compression test, thoracic spine tenderness to palpation with spasm & trigger points, lumbar spine tenderness to palpation with spasms, decreased lumbar range of motion, positive straight leg raises, left shoulder tenderness to palpation, decreased left shoulder range of motion, positive Neer/Codman's tests, left elbow tenderness to palpation, positive Cozen's/Mill's tests, decreased motor strength of bilateral upper extremities, decreased sensation of bilateral upper extremities at median nerve distribution, decreased deep tendon reflex of bilateral knees/ankles, decreased motor strength and decrease sensation at right lower extremity. The treating physician prescribed Flurbiprofen 20 Percent/Lidocaine 5 Percent/Amitriptyline 5 Percent now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent/Lidocaine 5 Percent/Amitriptyline 5 Percent: 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 Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Both flurbiprofen and amitriptyline are not recommended as a compounded agent as they can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time. Therefore is not medically necessary.