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| Case Number: | CM15-0078430 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 02/24/2014 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: Arizona, California
 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 59 year old female sustained an industrial injury to the left shoulder on 2/24/14. Previous treatment included magnetic resonance imaging, let shoulder arthroscopy, physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4/1/15, the injured worker complained of a nagging dull pain in the center of her left shoulder with continued weakness and a stabbing pain along the medial border of her left scapula. The injured worker noted some improvement with physical therapy and significant improvement in pain with the use of her transcutaneous electrical nerve stimulator unit. The injured worker had discontinued Norco and was only taking Ibuprofen and Ultram as needed. Physical exam was remarkable for left shoulder with tenderness to palpation and decreased range of motion. Current diagnoses included left shoulder pain and status post left shoulder arthroscopy. The treatment plan included additional physical therapy for the left shoulder and medications (Ibuprofen, Tramadol and Transdermal cream: Flurbiprofen 15% Lidocaine 5% Baclofen 2% Cyclobenzaprine 2%, 240 gm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal cream: Flurbiprofen 15% Lidocaine 5% Baclofen 2% Cyclobenzaprine 2%, 240 gm (apple 2-4 pumps 1.0 gm-2.0 gm topically, 2-3 times daily): 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen are not recommended due to lack of evidence. In addition, the claimant was provided the topical cream in combination with numerous oral analgesics without indication of reduction while using topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.