

Case Number:	CM15-0093824		
Date Assigned:	07/15/2015	Date of Injury:	03/25/2007
Decision Date:	09/15/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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: Pediatrics, Internal 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 54 year old male who sustained an industrial injury on 03/25/2007. Current diagnoses include cervicalgia, radiculopathy-cervical spine, bilateral shoulder sprain/strain, median nerve release-bilateral, pain in wrist-bilateral, and thoracic spine sprain/strain. Previous treatments included medications, bilateral carpal tunnel release, acupuncture, wrist braces, and physical therapy. Initial injuries included pain in the shoulders, arms, and hands as a result of repetitive forceful work and handling of metal parts using his hands. Report dated 02/17/2015 noted that the injured worker presented with complaints that included burning, radicular neck pain and muscle spasms with associated numbness and tingling of the bilateral upper extremities, bilateral shoulder pain, burning bilateral wrist pain and muscle spasms, and mid back pain. Pain level was 8 (bilateral shoulders), 8-9 (bilateral wrists), and 8 (mid back) out of 10 on a visual analog scale (VAS). The injured worker stated that the symptoms do persist but medications do offer him temporary relief of pain and improve ability to have restful sleep. Cervical examination was positive for tenderness at the occiputs, splenius, scalene, and sternocleidomastoid muscles, trigger point on the right with pain, and decreased range of motion. Bilateral shoulder examination revealed tenderness in the acromioclavicular joint and the subacromial space bilaterally, and decreased range of motion. Bilateral wrist examination revealed minimal generalized tenderness over the both wrists and hands, decreased range of motion, and positive Tinel's on the left. Neurological examination of the bilateral upper extremity revealed decreased sensation and decreased strength. Thoracic spine examination revealed tenderness in the bilateral thoracic paraspinal muscles and decreased range of motion.

The treatment plan included continuing with current treatment with the specialist, usage of medications were explained, recommendation for a course of physical therapy and chiropractic therapy, recommendation for an EMG/NCV study of the bilateral upper extremity, recommendation for Terocin patches, continue with current medications, and return in 4 weeks for follow up. Disputed treatments include retrospective: Cyclobenzaprine pow HCL/Flurbiprofen pow/Versapro Cream (Unknown Strength/Quantity) (DOS: 03/02/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine Pow HCL/Flurbiprofen Pow/Versapro Cream (Unknown Strength/Quantity) (DOS: 03/02/2015): 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: According to the MTUS chronic pain medical treatment guidelines, "topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Flurbiprofen, a non-steroidal anti-inflammatory drug (NSAID), is not currently FDA approved for topical application. Non-FDA approved medications are not medically necessary. As both of the medications in this compounded topical product are not recommended, the compound is not recommended. Also, the treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or anti-epileptic medication. Therefore the request for retrospective Cyclobenzaprine pow HCL/Flurbiprofen pow/Versapro Cream (Unknown Strength/Quantity) (DOS: 03/02/2015) is not medically necessary.