

Case Number:	CM15-0094900		
Date Assigned:	05/21/2015	Date of Injury:	03/26/2013
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
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: 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 is a 48 year old female with a March 26, 2013 date of injury. A progress note dated April 13, 2015 documents subjective findings (persistent neck pain rated at a level of 8-9/10 that radiates down the left arm with weakness and pain; left shoulder pain rated at a level of 7/10; right shoulder pain rated at a level of 4/10; left thumb pain rated at a level of 3-4/10; pain decreased with medications), objective findings (tenderness of the cervical paraspinal muscles; tenderness and hypertonicity over the bilateral trapezius muscles, left worse than right; positive cervical compression test; tenderness over the right shoulder subacromial space; tenderness over the left shoulder subacromial space; positive tenderness over the A1 pulley of the left thumb with mild triggering), and current diagnoses (chronic cervical strain; chronic bilateral trapezius pain; left thumb trigger finger; left wrist pain). Treatments to date have included medications, acupuncture, and massage. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Flurbi/ Cyclo/Menth compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi /Cyclo/Menth 20/10/4%180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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 ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.