

Case Number:	CM13-0019829		
Date Assigned:	10/11/2013	Date of Injury:	06/01/2007
Decision Date:	05/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee and has submitted a claim for low back pain associated with an industrial injury sustained on June 1, 2007. Treatment to date has included chiropractic care and medications, including Fluriflex compounded ointment three times a day for inflammation and pain from March 2013 to October 2013. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating to the right hip and calf, rated at 7-8/10 without medications and 2-3/10 with medications. She also complained of burning in the neck and mid back, and numbing of the toes. On physical examination, vital signs were normal and her BMI was 32.0.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED FLUBIPROFEN/CYCLOBENZAPRINE 15/10% 180ML FOR THE LUMBAR SPINE DOS 7/26/13.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, baclofen and other muscle relaxants are not recommended for topical applications. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The California MTUS supports NSAID topicals such as voltaren, but flurbiprofen is not supported. Furthermore, the MTUS does not support muscle relaxants as topical medications. In this case, the patient used Flurbiprofen/Cyclobenzaprine compounded cream for seven months; however, the medical reports failed to show functional benefits with this medication. As such, the request is not medically necessary.