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| Case Number: | CM13-0022508 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 07/13/2010 |
| Decision Date: | 03/17/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/10/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 a 42-year-old male who reported an injury on July 13, 2010. The injury was noted to have occurred when the patient picked up a student to put him on a slide. The patient's symptoms include lumbosacral spine pain with radiation over the posterior aspect of the left lower extremity to the proximal calf. His objective findings include left lumbosacral paravertebral tenderness, significant paravertebral spasm, guarding, and asymmetric loss of range of motion. The supine straight leg raise exam created lower back pain with a negative LasA"gue's maneuver, and the neurological exam was within normal limits. The patient had been diagnosed with lumbosacral musculoligamentous strain/sprain. The patient's medications included Flexeril, Norco, Relafen, Prilosec, as well as topical creams and patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Flurbiprofen compound, #10, with two (2) refills, prescribed on July 16, 2013: 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 MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. It further states that for compounded products, any compounded product that contains at least one (1) drug that is not recommended is not recommended as a whole. It further states that topical NSAIDs have been shown to be superior to placebo during the first two (2) weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two (2) week period. The indications for the use of topical NSAIDs include osteoarthritis and tendonitis, usually in the knee, elbow, or other joints. It further states that the only FDA-approved topical NSAID is Voltaren gel. As the guidelines indicate that the only FDA-approved topical NSAID is Voltaren, then the request is not supported. Therefore, the request is non-certified.

retrospective request for Cyclobenzaprine compound, #10, with two (2) refills, prescribed on July 16, 2013: 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 MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. It further states that for compounded products, any compounded product that contains at least one (1) drug that is not recommended is not recommended. Additionally, the guidelines state that there is no evidence for use of any muscle relaxant as a topical product. As the guidelines indicate that topical cyclobenzaprine is not recommended, as it states that muscle relaxant are not recommended for topical use, the request is not supported. Therefore, the request is non-certified.