MAXIMUS Federal Services

Case Number:	CM13-0046837		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2009
Decision Date:	04/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/01/2013

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 Hawaii 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:

This patient is a 47 year old female with a date of injury of 8/1/2009. Medical records indicate that the patient is undergoing treatment for low back pain with radiculopathy to left lower extremity, depression, sleep disorder, GERD, abdominal pain, hypertension, and bilateral carpal tunnel syndrome. Subjective complaints (5/9/2013) include mid to low back pain with tingling and numbness which radiates down to foot, pain increased with prolonged sitting/standing/walking for greater than 10 minutes, 9/10 pain to leg, 7/10 pain to back, and that medications and ice help to temporarily alleviate her pain. Objective findings included decreased range of motion to cervical and lumbar spine. Treatment has included physical therapy, pain management, Percocet, Prozac, Effexor, Lunesta, Floranex, Protonix, Biotherm cream, Ultram, Vicodin, lumbar decompression, epidural injection, and psychotherapy sessions. A utilization review dated 10/8/013 non-certified a request for FLURBIPROFEN/CYCLOBENZAPRINE /MENTHOL/PENTRAVAN.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL/PENTRAVAN (RETROSPECTIVE: 5/13/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxant, Compound drugs

Decision rationale: MTUS states regarding topical analgesics, "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." ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Medical documents provide subject complaints of neuropathic pain and ongoing antidepressant medication and psychotherapy treatment. The treating physician, however, does not provide evidence that the patient has filed trials of antidepressants and anticonvulsants. While guidelines are limited regarding usage of topical cyclobenzaprine, ODG does state "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." ODG, MTUS, and ACOEM are silent regarding the use of pentravan. ODG only comments on menthol in the context of cryotherapy for acute pain. As such, the request for FLURBIPROFEN/ CYCLOBENZAPRINE/MENTHOL/PENTRAVAN (RETROSPECTIVE: 5/13/13) is not medically necessary.