

Case Number:	CM13-0057691		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2010
Decision Date:	06/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 56-year-old male who reported an injury on 12/30/2010. The mechanism of injury was not provided. Current diagnosis is spondylosis of the cervical spine. The injured worker was evaluated on 09/06/2013. The injured worker reported persistent neck and low back pain. Physical examination revealed spasm and tenderness over the trapezius and paravertebral muscles in the cervical spine with limited range of motion, spasm and tenderness over the paravertebral musculature of the thoracolumbar spine, limited range of motion, and positive straight leg raising bilaterally. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

30GM FLURBIPROFEN 25% (MENTHOL 10%, CAMPHOR 3%, CAPSAICIN 0.0375%) 120GM TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The California MTUS Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. The only FDA-approved topical NSAID is diclofenac. According to the documentation submitted, there is no evidence of neuropathic pain upon physical examination. There is also no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Additionally noted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report persistent pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

30GM CYCLOBENZAPRINE 10% TRAMADOL 10% 120 GM TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The California MTUS Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the current request is not medically appropriate. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request for 30gm Cyclobenzaprine 10% Tramadol 10% 120gm tube is non-certified.