

Case Number:	CM14-0107827		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2007
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family 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:

This 39 year old patient had a date of injury on 3/1/2010. The mechanism of injury was his right leg giving out, falling onto his back. In a progress noted dated 5/1/2014, subjective findings included severe low back pain and fell recently. He received a pain shot and this happened 3 weeks ago Pain is 9/10 right now without medications and 5/10 with medications. On a physical exam dated 5/1/2014, objective findings included recent exacerbated muscle spasm. Diagnostic impression shows lumbar radiculopathy chronic pain syndrome, post-laminectomy syndrome, pain related insomnia. Treatment to date: medication therapy, behavioral modification A UR decision dated 6/10/2014 denied the request for ultraderm base cream, cyclobenzaprine powder, flurbiprofen powder, stating that the medical records do not discuss the specific rationale for selecting the base cream of components in this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraderm Base cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Ultraderm

Decision rationale: MTUS and ODG do not apply. The FDA state that UltraDerm (topical emollients are substances that moisten and soften the skin, used to treat chapped lips, diaper rash, cold sores, or other minor skin irritations. In the progress report dated 5/1/2014, and in the reports viewed, there was no discussion of the patient being diagnosed with any conditions that would warrant this medication. Therefore, the request for Ultraderm base cream was not medically necessary.

Cyclobenzaprine Powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support muscle relaxants or ketoprofen for topical applications. In a progress report dated 5/1/2014, there was no rationale provided as to why this patient needs this medication, when guidelines do not support use. Furthermore, there was no discussion of a failure of 1st line oral medications. Therefore, the request for Cyclobenzaprine powder is not medically necessary.

Flubiprofen Powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In a progress report dated 5/1/2014, there was no discussion regarding the patient failing a 1st line oral analgesic such as ibuprofen or naproxen. Therefore, the request for Flurbiprofen powder is not medically necessary.