

Case Number:	CM14-0109467		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2013
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation 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:

Progress report dated 06/26/2014 states the patient presented with low back pain, left shoulder pain, right knee and ankle pain. She rated her pain as a 4/10 and has been consistent. She reported taking Ultram which improves her pain level and decreases it to 4/10. Objective findings on exam revealed decreased range of motion of the lumbar spine with tenderness to the paraspinals equally. There is positive Kemp's sign bilaterally, but there is normal strength at 5/5. The left shoulder revealed decreased range of motion with flexion at 150 degrees, abduction at 140 degrees, extension and adduction at 40 degrees, internal rotation at 60 degrees, and external rotation at 70 degrees. The right knee revealed flexion at 140 degrees and extension at 0 degrees. There was tenderness to the medial joint line. The patient is diagnosed with chronic lumbar sprain, bilateral shoulder impingement syndrome, right knee sprain, and right ankle sprain. The patient was recommended compound medications. Prior utilization review dated 07/08/2014 states the request for One Pentravan cream is denied as it is recommended for short term use and One container of Flurbiprofen 20%, Cyclobenzaprine 10%, and Menthol 4%, 180 grams is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Pentravan cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pentravan cream information (www.pentravan.com)

Decision rationale: The compounded cream requested includes Petravan cream, a liposomal carrier cream for the delivery of topical medications transdermal. In reference to the denial of the other agents being compounded, this agent is not medically necessary, as the agents with which the agent is being compounded are not medically indicated. Therefore the request is not medically necessary.

One container of flurbiprofen 20%, cyclobenzaprine 10%, and menthol 4%, 180 grams:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: The MTUS Guidelines and the ODG consider compounded topical agents as experimental, with no clinical trials to support their efficacy. Furthermore the compounded cream requested includes two agents for which there is no data to support their application peripherally. Cyclobenzaprine is a presumptive muscle relaxant with a chemical structure akin to a tricyclic antidepressant. There is no data to indicate the presence of norepinephrine or serotonin receptors peripherally. Flurbiprofen is in the same family of NSAIDs as ibuprofen and is not FDA approved in any commercially available formulation for topical administration, again suggesting that any beneficial effect would more likely be derived from a systemic affect than topically in the target tissues. Furthermore, these agents carry with them known and potentially significant adverse effects. The medical records document no clear rationale for the usage of a topical agent for what appears to be a chronic condition. Based on the MTUS guidelines and criteria, principles of medical practice, as well as the clinical documentation stated above, therefore the request is not medically necessary.