

Case Number:	CM14-0015047		
Date Assigned:	02/28/2014	Date of Injury:	03/27/2011
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Nevada. 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:

The records presented for review indicate that this 55-year-old individual sustained an injury in March 2011. A cumulative trauma disorder is reported. The progress notes indicate ongoing low back pain with left lower extremity involvement. Some numbness and tingling are reported. The physical examination notes a 5'4", 142 pound individual to be in no apparent distress. An antalgic gait pattern is reported. There is tenderness to palpation in the lower lumbar spine. There was some improvement noted with the transforaminal epidural steroid injections. A left shoulder arthroscopy had been recently completed. A cervical fusion is pending. The progress note from the previous assessment noted the same findings, multiple comorbidities unrelated to the compensable event and no noted efficacy with the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX TRANSDERMAL CREAM

(FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL 20%, 10%, 4%): 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, topical analgesics Page(s): 111.

Decision rationale: The use of topical preparations can be supported in very limited clinical situations. However, as noted in the California MTUS Guidelines these are "largely experimental" with few randomized controlled trials to determine efficacy or safety. It is noted that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In that this preparation includes cyclobenzaprine, and the use of such a medication is not indicated for chronic or indefinite use, this component would negate the indication for this preparation. The request is not medically necessary.

KERATEK (METHYL SALICYLATE/MENTHOL) GEL 4 OZ: 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, salicylate topicals Page(s): 105.

Decision rationale: While the California MTUS Guidelines do recommend such preparations (commercial products) as they are better than placebo in chronic pain, based on the records presented for review there is no noted efficacy, utility or amelioration of the pain complaints. As such, there is limited clinical data presented to support the ongoing use of this preparation. The request is not medically necessary.