MAXIMUS Federal Services

Case Number:	CM14-0018074		
Date Assigned:	04/16/2014	Date of Injury:	03/05/2001
Decision Date:	06/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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 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 injured worker is a 63 year old female who reported an injury on 01/10/2002 to the lumbar spine. A physical exam performed on 12/23/2013 showed 100% musculoskeletal range of motion of the lumbar spine, motor examination is normal and no neurological deficits. The progress note from that date did not give a pain scale rating. The progress report from 10/21/2013 reported the injured worker was feeling much better and due to the H-wave she had been able to decrease her medication significantly. The request for authorization was submitted on 02/03/2014 for Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10% and Lidocaine 2% compound cream for Lumbar Spine pain and Degenerative Disc Disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL BACLOFEN 2%, CYCLOBENZAPRINE 2%, FLURBIPROFEN 10% & LIDOCAINE 2% COMPOUND CREAM, 1-2 GRAMS Q 3-4 TIMES QD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41.

Decision rationale: The California Chronic Pain Medical Treatment guidelines do not recommend Cyclobenzaprine in addition to other agens. The Offical Disability Guidelines state

is any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted did not give a pain scale and according to the progress note the injured worker had no musculoskeletal or neurological deficits. Additionally, the injured worker does not have a documented pain scale and at least one of the agents in the compounded cream is not recommended. The request for topical Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10% & Lidocaine 2% compound cream, 1-2 grams Q 3-4 times QD, is not medically necessary and appropriate.