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| Case Number: | CM14-0113783 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 06/05/2013 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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, has a subspecialty in Interventional Spine 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:

The patient is a 36 year old female with date of injury 6/5/13. The treating physician report dated 6/23/14 indicates that the patient presents with neck and back pain with complaints of paresthesia of the hands and pain in her feet. The physical examination findings state, "The patient is a well-developed, well-nourished female in mild distress. She has tenderness about her cervical spine and lumbar spine." The current diagnoses are: 1.Cervical strain with disc herniation2.Lumbar strain with disc herniationThe utilization review report dated 7/10/14 denied the request for flurbiprofen/ cyclobenzaprine/menthol cream 20%,10%,14% 180gm and Keratak Gel 4 oz based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ cyclobenzaprine /menthol cream 20%, 10%, 14% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

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

Decision rationale: The patient presents with chronic neck and back pain with bilateral hand paresthesia and bilateral foot pain. The current request is for flurbiprofen/ cyclobenzaprine /menthol cream 20%, 10%, 14% 180gm. The treating physician report dated 6/23/14 requests authorization for chiropractic 2 times 4 and physical therapy 3 times 4 as well as a request to treat the hands and feet on an industrial basis. The utilization review report dated 7/10/14 states that there is also a prescription form for flurbiprofen/ cyclobenzaprine /menthol cream 20%, 10%, 14% 180gm. The MTUS guidelines do not support the usage of Flurbiprofen cream (non-steroidal anti-inflammatory drug, NSAID) for the treatment of spine, hip, shoulder or neuropathic pain and MTUS does not support the usage of cyclobenzaprine in topical products.

Keratek Gel 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

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

Decision rationale: The patient presents with chronic neck and back pain with bilateral hand paresthesia and bilateral foot pain. The current request is for Keratek Gel 4 oz which is a topical NSAID. The MTUS Guidelines are specific that topical NSAIDS are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS does not support the usage of Keratek for treatment of the spine and the treating physician has not documented that the patient has a peripheral joint arthritic condition that requires topical NSAIDS.