

Case Number:	CM14-0113810		
Date Assigned:	09/22/2014	Date of Injury:	06/27/2013
Decision Date:	10/21/2014	UR Denial Date:	07/07/2014
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 Occupational 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 case involves a 67 year old male who developed chronic spinal and left shoulder pain subsequent to an injury dated 6/27/2013. He is reported to have cervical pain which radiates into the left upper extremity and is associated with mild radiculopathy findings. He also has persistent low back pain. He is currently being treated with physical therapy for his left shoulder. He is utilizing Percocet as an oral analgesic. His pain VAS scores are rated constant at a 6/10.

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%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded creams.

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

Decision rationale: MTUS Guidelines are very specific that only FDA approved products for topical use are recommended. The Guidelines also state that if an ingredient is not FDA approved the compounded blend is not recommended. MTUS Guidelines specifically state that topical muscle relaxants (Cyclobenzaprine) are not recommended and Flurbiprofen is not a FDA

approved topical non-steroidal anti-inflammatory drugs (NSAIDs). There are no unusual circumstances to justify an exception to Guidelines. Therefore, the request for topical Flurbiprofen /Cyclobenzaprine/Menthol cream 180gm is not medically necessary.