

Case Number:	CM14-0113885		
Date Assigned:	09/16/2014	Date of Injury:	05/21/2001
Decision Date:	10/07/2014	UR Denial Date:	07/15/2014
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 Family Practice, has a subspecialty in 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 58 yr. old male claimant sustained a work injury on 5/21/01 involving the low back. He was diagnosed with lumbar degenerative changes, central canal narrowing and lumbar facet syndrome. He had used oral opioids, muscle relaxants, antidepressants, Neurontin, Klonopin and a TENS unit for symptomatic relief. A progress note on 7/21/14 indicated the claimant had 8/10 pain in the low back. Exam findings were notable for diminished sensation in the L5 distribution. He had previously been prescribed topical Flurbiprofen 10%, Cyclobenzaprine 1%, Lidocaine 2%, Prilocaine 2%, and LAM which provided 1 hour of relief. The physician requested continuation of the cream for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 1%, Lidocaine 2%, Prilocaine 2%, and LAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contain at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. The product above contains cyclobenzaprine, a topical muscle relaxant. In addition the cream above only provides 1 hour of relief. There is no clinical evidence to support its efficacy. The continued use of Flurbiprofen 10%, Cyclobenzaprine 1%, Lidocaine 2%, Prilocaine 2%, and LAM is not medically necessary.