

Case Number:	CM14-0114044		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2012
Decision Date:	09/22/2014	UR Denial Date:	07/09/2014
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 & Rehabilitation, 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 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 49-year-old female who reported an injury on 03/23/2012 due to an unknown mechanism. Diagnoses were acute cervical strain with disc herniation, chronic lumbar strain with mild neural foraminal compromise on MRI, and slightly impaired gait secondary to lower back pain. Past treatments were acupuncture, physical therapy, a TENS unit, and epidural steroid injections. Diagnostic studies were an MRI of the lumbar spine. Surgical history was hysterectomy and bowel obstruction. The physical examination on 06/23/2014 revealed complaints of persistent back pain and lower back pain. The neck pain had improved since the last visit. Cervical spine pain was rated at a 2 and lumbar spine pain was rated as a 6 on a scale of 1 to 10. It was reported that the lumbar spine pain radiated to the left lower extremity. The examination of the cervical spine revealed slightly decreased range of motion with tenderness to the paraspinals and trapezius muscles. There was normal strength and sensation 5/5 bilaterally at the C5, C6, C7, and C8. The examination of the lumbar spine revealed decreased range of motion. There was tenderness to the paraspinals, left greater than the right. There was a positive straight leg raise on the left at 70 degrees to posterior thigh. Medications were Anaprox and Kera-Tek. Treatment plan was to continue medications as directed and request urine toxicology. The rationale for the request was this medication was used to maintain the injured worker's painful symptoms, restore activity levels, and aid in functional restoration. The request was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication: Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%, 10%, 4%)
180 gm tube: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical Analgesics;Cyclobenzaprine;Tramadol Page(s): 72; 111; 41; 82.

Decision rationale: The request for Compound Medication: Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%, 10%, 4%) 180gm tube is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The medical guidelines do not support the use of compounded medications for topical use. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.