

Case Number:	CM14-0125140		
Date Assigned:	08/11/2014	Date of Injury:	06/03/2013
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain Medicine and Anesthesiology and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 48 year old male with complaints of neck pain, upper extremity pain, low back pain. Date of injury is 6/3/13 and the mechanism of injury is impact injury to the head and neck from part of the ceiling collapsing on him resulting in his current symptoms. At the time of request for the following: 1. Flurbiprofen/cyclobenzaprine/menthol cream 180gm 2. Kera-tek analgesic gel 4 oz., there is subjective (neck pain, headaches, upper extremity pain) and objective (cervical paraspinal tenderness, sub-occipital tenderness, positive spurling's bilaterally) findings, imaging findings (MRI cervical spine 10/18/13 shows multi-level disc protrusions C3/4 thru C6/7), diagnoses (Cervical spine strain, cervical radiculopathy, shoulder strain), and treatment to date (medications, therapy). The only topical NSAID that is FDA approved is Voltaren gel which is indicated for osteoarthritis of knees and hands. None of these medications are currently approved topical analgesic agents. Therefore, Flurbiprofen/cyclobenzaprine/menthol cream and Kera-Tek analgesic gel are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/cyclobenzaprine/menthol cream-180 gm: 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 of 127.

Decision rationale: Flurbiprofen/cyclobenzaprine/menthol analgesic cream is a compounded topical analgesic comprised of menthol, cyclobenzaprine, and flurbiprofen. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical NSAID that is FDA approved is Voltaren gel which is indicated for osteoarthritis of knees and hands. None of these medications are currently approved topical analgesic agents. Therefore, Flurbiprofen/cyclobenzaprine/menthol cream is not medically necessary.

Kera-Tek analgesic gel 4 oz: 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 of 127.

Decision rationale: Kera-Tek analgesic gel is a compounded topical analgesic comprised of menthol and methyl salicylate. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. Although salicylates have been studied to show that compared to placebo there is analgesic benefit, menthol has no such evidence. Therefore, Kera-Tek analgesic gel is not medically necessary.