MAXIMUS Federal Services

Case Number:	CM14-0125253		
Date Assigned:	08/11/2014	Date of Injury:	12/13/2011
Decision Date:	09/11/2014	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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 12/13/11. The diagnoses include acute lumbosacral strain with left lower radicular pain, rule out disc herniation; status post right elbow open surgery end debridement with residual pain, right elbow pain with residual to the fifth digit-rule out cubital tunnel. Under consideration is a request for Flurbiprofen/Cyclobenzaprine/ Menthol cream (20%110%14%) 180gm and Flexeril 10mg 45 tabs. There is a primary treating physician report dated 7/8/14 that states that the patient returns today for follow-up regarding persistent pain in the thoracic spine, lumbar spine, right elbow and right ankle/foot. He rates his pain at the thoracic spine, lumbar spine and right elbow at 7/10 and the pain in the right ankle and foot at 5/10 on a scale of 1 to 10, all are frequent. The pain is the same since his last visit and he continues to have radiation of pain in the bilateral legs and right hand. The pain is made better with rest and medication. He does take Norco that helps his pain from a 7 down to a 4. The pain is made worse with activities. The patient is currently working. On physical exam examination of the lumbar spine revealed tenderness over the paraspinal muscles, left greater than right. There was decreased range of motion. Kemp's test was positive bilaterally. Straight leg raise was positive on the left at 70 degrees to posterior thigh. There was normal strength and sensation on the right 5/5 at L4, L5 and 51; and decreased strength and sensation 4/5 on the left at L4 and L5 and normal strength and sensation 5/5 at S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. Examination of the right elbow revealed decreased range of motion with positive cubital tunnel test. There was decreased sensation along the ulnar nerve dlstribu1fon. There was slight decreased strength 4/5 with flexion and extension. Examination of the right ankle revealed deceased range of motion. There was tenderness over the Achilles Insertion. The treatment plan included a request for authorization of an EMG of the bilateral upper extremities,

authorization for lumbar spine epidural steroid injections, a hand specialist consult, refills of Flexeril, Norco. There is a request for Flurbiprofen/Cyclobenzaprine/Menthol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclcobenzaprine/Methol cream (20%/10%/4%) 180 gms: 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 Topical analgesics page(s) 111-113 Page(s): 111-113.

Decision rationale: The request for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%110%14%) 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that there is little evidence to support the use of topical NSAIDS (Flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use of Cyclobenzaprine (a muscle relaxant). The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate intolerance of oral medications. For these reasons the request for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%110%14%) 180gm is not medically necessary.

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, NSAIDs, Lidocaine, Baclofen, Gabapentin, Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) pages 41-42; Antispasmodics page 6 Page(s): 41-42; 6.

Decision rationale: Flexeril 10mg #90 is not medically necessary per MTUS guidelines. The California MTUS does not recommend this medication to be used longer than 2-3 weeks. From documentation submitted patient has been on this medication since at least Feb. 2014 which exceeds the 2-3 week recommended time limit. Flexeril 10mg #90 is not medically necessary or appropriate