MAXIMUS Federal Services

Case Number:	CM14-0125902		
Date Assigned:	08/11/2014	Date of Injury:	12/06/2003
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
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 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:

The patient is a 37-year-old male who has submitted a claim for low back pain with radicular symptoms to right lower extremity, and left knee strain possibly compensatory, status post right knee surgery x3 with residual pain; associated with an industrial injury date of 12/06/2003. Medical records from 2013 to 2014 were reviewed and showed that patient complained of bilateral constant throbbing, burning and stabbing knee pain with some weakness. Right and left knee pain is graded 6/10 and 4/10, respectively. The patient also complains of low back pain, graded 8/10, radiating to the right lower extremity. Pain is aggravated by activity, and relieved by pain medication and relaxation. Physical examination showed that patient ambulated with a cane, and limped while walking, favoring the right lower extremity. Range of motion was decreased. Paravertebral muscle spasm and tenderness were noted in the lower lumbar region. He has crepitation in flexion and extension of the right knee. He has parapatellar tenderness on the right knee, with slight limited extension and flexion. Decreased sensation was noted over the right L4, L5, and S1 dermatomes. Straight leg raise was negative. DTRs were 1+ at level of both patella. Motor strength was normal. Treatment to date has included medications and surgery as stated above. Utilization Review determination dated 07/10/2014, denied the request for Flurbiprofen/Cyclobenzaprine 15/10% BID-TID PRN because there was no documentation of trial and failure of antidepressants and anticonvulsants, or of the patient's intolerance of these or similar medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%/Cyclobenzaprine 10% 180gm: Upheld

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

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

Decision rationale: The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID formulation is only supported for Diclofenac in the California MTUS. Also, there is no evidence to support the use of topical Cyclobenzaprine, and the addition of Cyclobenzaprine to other agents is not recommended. In this case, medical records reviewed did not show failure or oral formulations. Moreover, Flurbiprofen and Cyclobenzaprine are not recommended for topical use. Therefore, the request for Flurbiprofen 15%/Cyclobenzaprine 10% 180GM is not medically necessary.