

Case Number:	CM14-0128124		
Date Assigned:	08/15/2014	Date of Injury:	01/04/2012
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 66-year-old individual was reportedly injured on January 4, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 24, 2014, indicated that there were ongoing complaints of neck, low back and right hip pain (rated 8/10 to 9/10). There was some subjective improvement in the pain symptoms with the use of medication. The physical examination demonstrated a 5 feet, 225 pound individual in no acute distress. A decrease in cervical spine range of motion was reported as well as tenderness to the paraspinal musculature. There were normal strength and sensation reported in the upper extremities. Lumbar spine noted a decrease in range of motion, tenderness to palpation, and decreased strength and sensation in the L4, L5 and S1 dermatomes. A positive Kemp's test was reported bilaterally. Diagnostic imaging studies were not reported. Previous treatment included topical analgesics, oral medications, and a pain management consultation that is pending. A request had been made for topical compounded preparation and was not certified in the pre-authorization process on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol cream x 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: As noted in the MTUS, topical analgesics can be recommended in clinical situations. It is also noted that these medications are "largely experimental," with few randomized controlled studies to determine efficacy or safety. However, it is also noted that a compounded preparation, that contains a single product, that is not recommended, as is the entire product. There is no clinical indication for the transdermal application of the medication cyclobenzaprine as the MTUS establishes that this medication is not for chronic or indefinite use. Furthermore, when noting the progress notes, there is noted lack of efficacy with this preparation. As such, the medical necessity cannot be established.