

Case Number:	CM14-0135438		
Date Assigned:	08/29/2014	Date of Injury:	06/22/2010
Decision Date:	11/05/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 injured worker is a 47-year-old female who reported an injury on 06/22/2010. The mechanism of injury reportedly occurred while she was walking backwards and fell in a seated position and a desk fell onto her. She then struck her head against the stairs. Her diagnoses included cervicalgia and displacement cervical intervertebral disc without myelopathy. Her treatments included physical therapy, cortisone injections, a home exercise program, rest, and a topical analgesic cream. Diagnostics included x-rays of the head, neck, and low back and MRIs of the cervical and lumbar spine. Her surgical history was irrelevant to the work related injury. On 05/05/2014, the injured worker reported some tenderness to the cervical spine and that she had been doing her home exercise program which was helping. She stated she felt like she was ready to go back to work. On 06/30/2014, the injured worker reported that she was doing better since her last office visit on 05/05/2014. The physical examination revealed that she had improvement in motion, sensation, and strength, but still had some stiffness. Her medications included hydrocodone/APAP 10/325, orphenadrine citrate ER 100 mg, Diclofenac sodium ER 100 mg, omeprazole 20 mg and Keratek gel. The rationale for the request and the Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/cyclo/menth cream 20%/10%/4% 180 gm: 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: Based on the clinical information submitted for review, the request for flurbiprofen/cyclo/menth cream 20%/10%/4% 180 gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are mainly 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. The injured worker reportedly sustained a work related injury when she was assisting a coworker in moving a desk, as she walked backwards she fell in a seated position and the desk fell onto her. She then struck her head against the stairs. There is insufficient clinical documentation submitted for review indicating that the injured worker trialed and failed antidepressants and anticonvulsants, as it is required by the guidelines before starting topical analgesics. Topical analgesics are mainly recommended for neuropathic pain as indicated in the guidelines; however, there was a lack of objective findings that suggested that she suffered from neuropathic pain. There is no evidence for use of cyclobenzaprine as a topical product, which as indicated any compound product that contains at least 1 drug (or drug class) is not recommended is not recommended. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Flurbiprofen/cyclo/menth cream 20%/10%/4% 180 gm is not medically necessary.

Keratek 4 oz: 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: Based on the clinical information submitted for review, the request for Keratek 4 oz is not medically necessary. According to the California MTUS Guidelines, topical analgesics are mainly 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. The injured worker reportedly sustained a work related injury when she was assisting a coworker in moving a desk, as she walked backwards she fell in a seated position and the desk fell onto her. She then struck her head against the stairs. There is insufficient clinical documentation submitted for review indicating that the injured worker trialed and failed antidepressants and anticonvulsants, as it is required by the guidelines before starting topical analgesics. Topical analgesics are mainly recommended for neuropathic pain as indicated in the guidelines; however, there was a lack of objective findings that suggested that she suffered from neuropathic pain. Furthermore, the request failed to provide the frequency and directions for application for the requested medication as prescribed. As such, the request for Keratek 4 oz is not medically necessary.

