

Case Number:	CM14-0175163		
Date Assigned:	10/28/2014	Date of Injury:	01/05/2014
Decision Date:	12/04/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old female who was injured on 1/6/2014. She was diagnosed with cervicalgia, headaches, cervical disc displacement, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, low back pain, lumbar intervertebral disc displacement, bilateral knee pain, and right ankle pain. She was treated with physical therapy, chiropractor treatments, acupuncture, topical analgesics, antihistamines, anti-epileptics, opioids, muscle relaxants, NSAIDs. On 9/10/2014, the worker was seen by her primary treating physician for her regular follow-up reporting continual headaches, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, low back pain, bilateral knee pain, and right ankle pain. She also reported stress, anxiety, insomnia, and depression related to her chronic pain and inability to work. She reported not receiving the medications recommended to her since the last visit. She was then recommended to continue her physical therapy, acupuncture, and medications previously prescribed (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, Gabapentin), and was recommended to have shockwave therapy on her painful joints and start Terocin patches. Later, on 9/30/14 a request for topical Cyclobenzaprine/Flurbiprofen was requested for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound Drugs

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that topical analgesics are generally recommended as an option, but are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Namely, topical muscle relaxants such as Cyclobenzaprine are not recommended by the MTUS due to its lack of evidence. Any combination product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this worker, she had been recommended various oral and topical medications, including topical Cyclobenzaprine/Flurbiprofen to help treat her chronic pains. However, this particular product is not appropriate as it is not recommended by the MTUS. Therefore, this request is not medically necessary.