

Case Number:	CM14-0181953		
Date Assigned:	11/06/2014	Date of Injury:	07/24/2012
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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:

According to the records made available for review, this is a 43-year-old male with a 7/24/12 date of injury. At the time (9/24/14) of request for authorization for Meds x 1 Station cream refills needed, there is documentation of subjective (forearm pain) and objective (limited range of motion of bilateral wrists, 5/5 strength of upper extremities and tenderness to palpation with movement) findings, current diagnoses (pain in joint (forearm), wrist sprain and strain, and carpal tunnel syndrome), and treatment to date (medications). Medical reports identify that the requested is Station cream (Flurbiprofen, Cyclobenzaprine, and Lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1 station cream refills needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin

in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of pain in joint (forearm), wrist sprain and strain, and carpal tunnel syndrome. However, Staton cream (Flurbiprofen, Cyclobenzaprine, and Lidocaine) contains at least one component (Cyclobenzaprine and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Meds x 1 Station cream refills needed is not medically necessary.