

Case Number:	CM14-0184577		
Date Assigned:	11/10/2014	Date of Injury:	07/07/2014
Decision Date:	12/26/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 underlying date of injury in this case is 07/07/2014. The date of the utilization review under appeal is 10/28/2014. The patient's treating diagnosis is a lumbar sprain. A treating physician follow-up note of 08/21/2014 indicates the patient had a worsening of symptoms. The patient was on modified duty and had completed chiropractic treatment. Treatment recommendations included Acetaminophen, Cyclobenzaprine, Etodolac, and Polar Frost. Previously on 08/28/2014, the treating physician indicated diagnoses of lumbar disc displacement and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine 180 grams with 2 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be used for the specific therapeutic goal required.

Such details are not provided at this time. The treatment guidelines specifically do not recommend Cyclobenzaprine or Baclofen for topical use. For these reasons, this request is not medically necessary.

1 Prescription for Lidocaine/Gabapentin/Ketoprofen 180 grams with 2 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be used for the specific therapeutic goal required. Such details are not provided at this time. The treatment guidelines specifically do not recommend Gabapentin or Ketoprofen for topical use. For these reasons, this request is not medically necessary.