

Case Number:	CM14-0020324		
Date Assigned:	05/05/2014	Date of Injury:	04/11/2012
Decision Date:	07/17/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 37-year-old female who has submitted a claim for bilateral shoulder, left elbow, and left wrist pain, associated with an industrial injury date of April 11, 2012. Medical records from 2013 through 2014 were reviewed. Medical reviews revealed the patient was being treated for ongoing bilateral shoulder, left elbow and left wrist pain. Additionally the patient had subjective findings of intermittent gastrointestinal symptoms. Physical examination revealed normal findings as assessed by the secondary treating physician regarding the gastrointestinal symptoms. However, there was no available primary treating physician's progress report for review. Treatment to date has included medications such as topical Cyclobenzaprine/ Flurbiprofen since November 2013. Utilization review from 02/12/2014 denied the request for the purchase of Cyclobenzaprine 2%/Flurbiprofen 25% 240gm because there was little to no research to support the use of the analgesic components contained in the said medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE / FLURBIPROFEN 2/2.5%,240 GM BETWEEN 11/26/2013 AND 11/26/2013: 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: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of Cyclobenzaprine as a topical product. Regarding Flurbiprofen, there is little to no research as for the use of it in compounded products. In this case, medical reviews revealed the patient have been using this topical medication since November 2013. However, the medication as stated above contains certain compounds that are not recommended for topical use. Therefore, the request for **CYCLOBENZAPRINE / FLURBIPROFEN 2/2.5%, 240 GM BETWEEN 11/26/2013 AND 11/26/2013** is not medically necessary.