

Case Number:	CM14-0026351		
Date Assigned:	06/13/2014	Date of Injury:	01/25/2013
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58-year-old male was reportedly injured on January 25, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 18, 2013, indicated that there were ongoing complaints of low back pain radiating to both lower extremities. The pain was stated to be well controlled with current medications. The physical examination demonstrated tenderness to the bilateral sacroiliac joints and decreased lumbar spine range of motion secondary to pain. There were a positive sitting root test and decreased sensation on the dorsum of the right foot. Previous treatment included a lumbar epidural steroid injection. A request had been made for flurbiprofen/cyclobenzaprine and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

240GM FLURBIPROFEN 25%, CYCLOBENZAPRINE 2%: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for flurbiprofen/cyclobenzaprine is not medically necessary.