

Case Number:	CM14-0030473		
Date Assigned:	06/20/2014	Date of Injury:	12/09/2010
Decision Date:	08/13/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 39-year-old male who reported an injury on 12/09/2010. The mechanism of injury was not provided. The diagnoses included cervical disc degeneration and spinal enthesopathy. The prior therapies included psychological treatment and a home exercise program. Per the 01/06/2014 progress report, the injured worker reported lower backache, from his back into his left thigh. He reported his medications were working well. The examination of the lumbar spine noted restricted range of motion and spasm and tenderness on palpation of the paravertebral muscles on the left side. The injured worker demonstrated positive straight leg raising bilaterally. The injured worker's medications included Flexeril 5 mg twice daily and flurbiprofen 20% cream. Per the 02/11/2014 progress report, the injured worker continued to report back pain going down the leg. He reported his medications were working well with no side effects. The injured worker was to continue Flexeril 5 mg and flurbiprofen 20% cream. The request for authorization form was submitted on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for Flexeril 5 mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. The treatment should be brief. The medical records provided indicate an ongoing prescription for Flexeril since at least 09/30/2013. There is a lack of documentation regarding significant pain relief and objective functional improvements with use. Nonetheless, the Guidelines do not recommend the long-term use of Flexeril. In addition, the submitted request does not specify a frequency or quantity. Based on this information, the request is not supported. As such, the request for Flexeril 5 mg is not medically necessary.

Flurbiprofen 20% cream: 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: The request for Flurbiprofen 20% cream is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. They are indicated for the short-term treatment of osteoarthritis of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. The medical records provided indicate an ongoing prescription for flurbiprofen 20% cream since at least 09/30/2013. There is a lack of documentation regarding significant pain relief and objective functional improvements with use. Nonetheless, the Guidelines do not recommend the use of topical NSAIDs for neuropathic pain. In addition, the submitted request does not specify the site of application. Based on this information the request is not supported. As such, the request for Flurbiprofen 20% cream is not medically necessary.