

Case Number:	CM14-0054738		
Date Assigned:	07/07/2014	Date of Injury:	08/06/2012
Decision Date:	08/27/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 Texas and Ohio. 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 27-year-old male who reported an injury on 08/06/2012. The mechanism of injury was not stated. The current diagnosis is ill-defined condition not elsewhere classified. The only documentation provided for this review is a retrospective management report dated 04/02/2014. The injured worker has continuously reported persistent lower back pain with weakness in the lower extremities. The injured worker demonstrates weakness and an antalgic gait. The injured worker is noted to not be a surgical candidate at this time and has been recommended for occupational/physical therapy. The current medication regimen includes omeprazole, Motrin, and a compounded cream. It was determined at that time that the injured worker's current prescription for a topical compounded analgesic cream was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen / Cyclobenzaprine / Lidocaine / Ethoxydiglycol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: 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 as a whole. The only FDA approved topical NSAID is Diclofenac. Cyclobenzaprine is not recommended, as there is no evidence for the use of a muscle relaxant as a topical product. There is also no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary.