

Case Number:	CM14-0059228		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2013
Decision Date:	08/04/2014	UR Denial Date:	02/28/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 42-year-old male with date of injury of 10/15/2013. The listed diagnoses per [REDACTED] dated 01/20/2014 are lumbar spine sprain/strain; lumbar radiculopathy; lumbar spine myospasms; and multilevel disk protrusions of the lumbar spine. According to the progress report, the patient complains of on-and-off low back pain, which he states is moderate to occasionally severe. He notes he has worsening radiation to the left leg, left thigh, left hamstring, left knee, left calf, left heel, and left foot. There is associated numbness and tingling only on the left calf. The pain increases when sitting down at night and decreases with movement. The physical exam shows the patient is in no distress. He has a slightly antalgic gait and cannot sit due to pain. He has tenderness to palpation with spasms of the paraspinals and left gluteal region. The patient also has tenderness to palpation of the left sacroiliac. He has limited range of motion secondary to pain. The orthopedic test is positive for sitting root. He has hypesthesia of the left posterior thigh and left posterior portion of his calf. Reflexes are: Patellar L4 are 3+ and Achilles S1 are 2+. The utilization review denied the request on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Transdermal Medication (240 GM Flurbiprofen 25% and Cyclobenzaprine 2%): 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: This patient presents with low back pain. The treater is requesting a prescription transdermal medication (240 g flurbiprofen 25% and cyclobenzaprine 2%). The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental and used with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, MTUS states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." In this case, cyclobenzaprine is not recommended as a topical compound. Recommendation is not medically necessary.