

Case Number:	CM14-0059499		
Date Assigned:	09/05/2014	Date of Injury:	02/26/2013
Decision Date:	12/03/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/30/2014

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:

According to the records made available for review, this is a 53-year-old female with a 2/26/13 date of injury. At the time (4/3/14) of request for authorization for Medications- Compound-cyclobenzaprine 2%, flurbiprofen 20%, 240 gm, diclofenac 25%, Tramadol 15% 240 gm, there is documentation of subjective (upper back pain that radiates into the right shoulder, low back pain, constant right knee pain, intermittent digestive issues accompanied by burning sensations, anxiety and insomnia due to pain) and objective (lumbosacral tenderness, decreased range of motion, positive Kemp's bilaterally, and positive left McMurray) findings, current diagnoses (lumbar spine sprain/strain with radiculitis, right knee sprain/strain rule out internal derangement, digestive complaints, possibly due to medications, and psychological complaints possibly secondary to injury), and treatment to date (medications and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications- Compound- cyclobenzaprine 2%, flurbiprofen 20%, 240 gm, diclofenac 25%, Tramadol 15% 240 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radiculitis, right knee sprain/strain rule out internal derangement, digestive complaints, possibly due to medications, and psychological complaints possibly secondary to injury. However, medications- compound- cyclobenzaprine 2%, flurbiprofen 20%, 240 gm, diclofenac 25%, Tramadol 15% 240 gm contains at least one drug drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for medications- compound- cyclobenzaprine 2%, flurbiprofen 20%, 240 gm, diclofenac 25%, Tramadol 15% 240 gm is not medically necessary.