

Case Number:	CM14-0064975		
Date Assigned:	08/06/2014	Date of Injury:	05/02/2012
Decision Date:	10/27/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Pain Medicine, 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:

This is a patient with a date of injury of May 2, 2012. A utilization review determination dated April 25, 2014 recommends noncertification of a topical compound. A progress report dated May 18, 2014 identifies subjective complaints of right shoulder pain and low back pain. The patient states that his pain is well controlled with the medication with no side effects. Physical examination findings revealed tenderness to palpation around the lumbar paraspinal muscles with restricted range of motion. Sensation is intact in bilateral lower extremities. The right shoulder examination reveals limited range of motion. Diagnoses include lumbar spine sprain/strain with radiculopathy, lumbar spine disc desiccation, lumbar spine hemangioma, right shoulder sprain strain, impingement, osteoarthritis, tendinosis, labral tear, and effusion. The treatment plan recommends functional restoration and modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound of Cyclobenzaprine 2% Flurbiprofen 20%, 240gm with 2 refills:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Topical compound of Cyclobenzaprine 2% Flurbiprofen 20%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Topical compound of Cyclobenzaprine 2% Flurbiprofen 20% is not medically necessary.