

Case Number:	CM14-0074461		
Date Assigned:	07/16/2014	Date of Injury:	08/12/2010
Decision Date:	12/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational 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:

According to the records made available for review, this is a 45-year-old female with an 8/12/10 date of injury. At the time (3/7/14) of the request for authorization for Flurbiprofen 25% / Lidocaine 5% / Menthol 5% / Camphor 1% Powder with 3 Refills, there is documentation of subjective (continued total body pain, chronic fatigue, problem sleeping, neck pain with jaw pain, bilateral upper arms pain and shoulders pain, low back pain and mid back pain, radicular pain from low back to both legs, and numbness and tingling in hands and feet) and objective (trigger points tenderness) findings, current diagnoses (myalgia and myositis NOS), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% / Lidocaine 5% / Menthol 5% / Camphor 1% Powder with 3 Refills.:
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): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (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 antiepilepsy 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 myalgia and myositis NOS. However, the requested Flurbiprofen 25% / Lidocaine 5% / Menthol 5% / Camphor 1% Powder with 3 Refills contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 25% / Lidocaine 5% / Menthol 5% / Camphor 1% Powder with 3 Refills is not medically necessary.