

Case Number:	CM14-0080450		
Date Assigned:	07/18/2014	Date of Injury:	10/31/2013
Decision Date:	09/23/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 50-year-old female with a 10/31/13 date of injury. At the time (5/27/14) of request for authorization for Medication: Flurbiprofen/Cyclobenzaprine/Mentol Cream (20%/10%/4%), there is documentation of subjective (pain rated 7/10) and objective (limited lumbar spine range of motion, positive straight leg raise, 4/5 muscle strength in the L4 nerve root and in the L5-S1 nerve roots on the left side, decreased sensation in the L5-S1 nerve distributions on the left side) findings, current diagnoses (left thigh pain, rule out left lower extremity lumbar radiculopathy, and worsening left lower extremity radicular pain), and treatment to date (activity modification, medications, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: FLURBIPROFEN/CYCLOBENZAPRINE/MENTOL CREAM (20%/10%/4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics- NSAIDs.

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

Decision rationale: The 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 left thigh pain, rule out left lower extremity lumbar radiculopathy, and worsening left lower extremity radicular pain. However, Medication: Flurbiprofen/Cyclobenzaprine/Mentol Cream (20%/10%/4%) contains at least one drug (cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Medication: Flurbiprofen/Cyclobenzaprine/Mentol Cream (20%/10%/4%) is not medically necessary.