

Case Number:	CM14-0082190		
Date Assigned:	07/21/2014	Date of Injury:	03/17/2010
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old female was reportedly injured on the March 17, 2010. The mechanism of injury was noted as heavy lifting. The attached medical record indicated that the injured employee has a diagnosis of degenerative arthritis of the lower extremity and chronic low back pain and complained of G.I. upset. Naprosyn was previously prescribed but did not provide adequate pain control. Prilosec has also been prescribed. There was no included statement of the injured employee's current complaints, physical examination, objective studies, previous treatment, diagnosis, and treatment plan. A request had been made for Flurbiprofen/Ranitidine as well as Flurbiprofen/Cyclobenzaprine/Menthol compounded cream and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol topical compounded cream 20%/10%/4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The California MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals who are unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. Additionally, the California MTUS guidelines do not support the use of compounded medications other than NSAIDs, Lidocaine, and Capsaicin. When noting the injured employee's diagnosis of lower extremity degenerative arthritis and chronic low back pain, and the compounded ingredients, this request for Flurbiprofen/Cyclobenzaprine/Menthol topical compounded cream is not medically necessary.

Flurbiprofen/Ranitidine 100/100mg #60: Upheld

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

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

Decision rationale: According to the attached medical record, there is no documentation that the injured employee has any gastrointestinal issues attributed directly to the use of NSAIDs. Considering this, the request for Flurbiprofen/Ranitidine 100/100 mg is not medically necessary.