

Case Number:	CM14-0086686		
Date Assigned:	07/23/2014	Date of Injury:	07/24/2013
Decision Date:	09/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The patient is a 58 year old female who was injured on 07/24/2013 when she tripped. Prior medication history included Soma and Anexia. Diagnostic studies reviewed include MRI of the cervical spine dated 12/28/2013 demonstrated a 2 mm disc bulge at C5-C6, left side greater than right; extending into the left neural foramen with bilateral facet hypertrophy, left greater than right; and minor disc degeneration and left facet hypertrophy without canal or foraminal stenosis. Progress report dated 04/22/2014 indicates the patient complained of cervical, thoracic and lumbar spine pain. She rated her pain as a 7/10. She states the pain radiates to bilateral hands. She rated her pain with medication a 5/10 and without medications is 7/10. Objective findings on exam revealed limited range of motion of the cervical spine. She has tenderness noted over the paravertebral muscle bilaterally. She has hypertonicity over the trapezius muscles bilaterally. Cervical compression test is positive and deep tendon reflexes were 1+ in brachioradialis and triceps bilaterally. Diagnoses are cervical strain, cervical disc herniation, left upper extremity radicular pain and possible left C7 radiculopathy; and acute lumbar spine. She is recommended for Flurbiprofen 2.0%/Cyclobenzaprine 10%/Menthol 4% Cream-180 gm. Prior utilization review dated 05/15/2014 states the request for Request for Medication Compound - Flurbiprofen 2.0%/Cyclobenzaprine 10%/Menthol 4% Cream- 180 gm is denied as the guidelines do not support some its agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Medication Compound - Flurbiprofen 2.0%/ ICycilobenzaprine 10%/ Menthol 4% Cream- 180 gm: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

Decision rationale: According to MTUS guidelines, muscle relaxants, such as Cyclobenzaprine, are not recommended for topical application. Further, topical NSAIDs are not recommended for the spine. History and examination findings do not support exceptional circumstances. Medical necessity for Flurbiprofen 2.0%/ ICycilobenzaprine 10%/ Menthol 4% Cream- 180 gm is not established.