

Case Number:	CM14-0087548		
Date Assigned:	07/23/2014	Date of Injury:	09/29/2001
Decision Date:	09/17/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/11/2014

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:

This 77 year-old patient sustained an injury on 9/29/2001 while employed by [REDACTED]. Request(s) under consideration include Retrospective Request of Topical compound Cyclobenzaprine / Flurbiprofen / Ethoxy (Duration and Frequency unknown) (DOS 4/16/2014). Diagnoses include lumbar and cervical spine discopathy. Report of 9/16/13 from the provider noted the patient with chronic ongoing neck and shoulder pain as well as lumbar pain controlled by Norco; heat therapy and transdermal. Exam showed cervical spine and right arm tenderness; slightly antalgic gait. Treatment included medications. Report of 12/9/13 noted follow-up visit for medication refills. The patient was using transdermal medications and continues with lumbar spine brace. Exam showed unchanged decreased range of motion; spasm and pain in the cervical and lumbar spine; no evidence of neurological deficits. Medications list Cyclobenzaprine, Hydrocodone, and Omeprazole. The request(s) for Retrospective Request of Topical compound Cyclobenzaprine / Flurbiprofen / Ethoxy (Duration and Frequency unknown) (DOS 4/16/2014) was non-certified on 5/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Cyclobenzaprine / Flurbiprofen / Ethoxy (Duration and Frequency unknown) (DOS 4/16/2014): Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs (non-steroidal anti-inflammatory drug) or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2001 without documented functional improvement from treatment already rendered. The Retrospective Request of Topical compound Cyclobenzaprine / Flurbiprofen / Ethoxy (Duration and Frequency unknown) (DOS 4/16/2014) is not medically necessary.