

Case Number:	CM14-0089304		
Date Assigned:	07/23/2014	Date of Injury:	05/23/2013
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Interventional Spine, 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 55-year-old female with an injury date of 05/23/2013. According to the 06/02/2014 progress report, the patient complains of pain in her right knee, right ankle, and right foot. She rates her right knee pain as a 2/10 and she rates her right ankle/foot pain as a 9/10. Upon examination of the lumbar spine, it was noted that the patient had a limited range of motion. There was tenderness and hypertonicity noted over the paraspinal muscles on the right side. Both Kemp's test and the straight leg raise were noted being positive on the right side. Examination of the right knee shows decreased range of motion as well as tenderness over the medial/lateral joint lines on the right side. The 03/21/2014 report also states that the right ankle had tenderness over the lateral and medial aspects, as well as the plantar fascia and Achilles insertion on the right foot. The patient's diagnoses include the following: 1. Right ankle posterior laceration with residual Achilles tendonitis. 2. Antalgic gait secondary to right ankle trauma. 3. Right hip and SI joint pain secondary to compensatory results from the right ankle sprain. The request is for flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%) 180 mg. The utilization review determination being challenged is dated 05/19/2014. Treatment reports were provided from 08/15/2013 - 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, (p111, chronic pain section).

Decision rationale: Based on the 06/02/2014 report, the patient presents with pain in her right knee, right ankle, and right foot. The request is for flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%) 180 mg for her chronic pain. MTUS Guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. We will request topical Flurbiprofen/Cyclobenzaprine/Menthol cream for her chronic pain. There is no indication of where the patient will be applying this compounded flurbiprofen/cyclobenzaprine/menthol cream. MTUS also states that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, cyclobenzaprine is not recommended per MTUS for topical formulation. The request is not medically necessary.