

Case Number:	CM14-0089536		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2009
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
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 and 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:

The injured worker is a 54-year-old male who reported injury on 11/16/2009. The mechanism of injury was not provided. The surgical history included a right knee medial and lateral meniscectomy on 06/21/2013. Other therapies included cortisone injections, activity modifications and postoperative physical therapy. The documentation of 04/21/2014 revealed the injured worker had complaints of pain affecting the cervical spine, lumbar spine, right shoulder and right knee. The injured worker reported an improvement in pain level from 9/10 to 4/10 on a scale of 0 to 10 after taking medications. Medication included Ultram 1 to 2 tablets a day and Prilosec 1 to 2 capsules a day. The physical examination of the right knee revealed the McMurray's test was positive. The treatment plan included flurbiprofen/cyclobenzaprine/menthol cream. The documentation indicated the injured worker had failed all past conservative measures and was indicated for other alternative palliative treatment measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: Flurbiprofen/ cyclobenzaprine/menthol cream 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Cyclobenzaprine , Salicylate Topicals Page(s): 72, page 111, page 41 page 105.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines recommend topical salicylates. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and had a trial and failure of antidepressants and anticonvulsants. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication and the percentages the strengths of the components for the requested compound. Given the above, the request for compounded medication flurbiprofen/cyclobenzaprine/menthol cream 180 mg is not medically necessary.