

Case Number:	CM14-0091290		
Date Assigned:	07/23/2014	Date of Injury:	07/05/2013
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 54-year old who was injured on 7/5/2013. The diagnoses are low back and upper back pain and left shoulder pain. The patient completed Physical Therapy, chiropractic treatments and medications management. On 5/12/2014, [REDACTED] notes that the patient was still undergoing chiropractic treatments. There were no subjective complaints of numbness or tingling sensations. There was no detailed physical examination report. The UDS on 4/2/2014 was note to be negative of tested opioids. The EMG /NCS (Electromyogram/ Nerve conduction Stimulator) showed bilateral mild carpal tunnel syndrome. The medications are naproxen for pain, Fexmid for muscle spasm and pantoprazole for the prevention of gastritis. A Utilization Review determination was rendered on 5/27/2014 recommending non certification for cyclobenzaprine 2%/flurbiprofen 20% 240mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Cyclobenzaprine 2%/ Flubiprofen 20% 240 gm (Muscle Relaxant-Inflammation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation US National Institutes of Health (NIH) National Library of Medicine(NIM) PubMed 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compound preparations Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical compound preparations could be utilized in the treatment of neuropathic pain when if first line medications such as antidepressants and anticonvulsants are ineffective, cannot be tolerated or have failed. The records did not show that the patient have subjective or objective findings consistent with neuropathic pain. There was no report of failure of first line medications. The patient is utilizing cyclobenzaprine and NSAIDs in both oral and topical formulations thereby increasing the risk of complications. The Compounded Cyclobenzaprine 2%/ Flurbiprofen 20% 240 gm (Muscle Relaxant-Inflammation) is not medically necessary.