

Case Number:	CM14-0093365		
Date Assigned:	07/25/2014	Date of Injury:	04/15/2013
Decision Date:	09/09/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas & Oklahoma. 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 72-year-old male who reported an injury on 04/15/2013 due to tripping while at work. The injured worker was diagnosed with chronic cervical strain, cervical disc herniation, and right knee post traumatic arthrosis. The injured worker received conservative care including 6 sessions of physical therapy, use of a TENs unit, and 5 Supartz injections to the right knee. MRI's of the bilateral knees were performed on 10/02/2013 and an MRI of the cervical spine was performed on 05/21/2013. On 02/05/2014 the injured worker reported a complaint of pain to the cervical spine, thoracic spine, and bilateral knees. No medications were prescribed at that time. There was tenderness to palpation over the trapezius and paravertebral muscles bilaterally. There was tenderness to palpation to the lumbar spine. On 05/11/2014, the injured worker reported persistent neck pain, lower and mid back pain rated 2/10, and bilateral knee pain rated 5/10. He reported radiating cervical spine pain to the bilateral upper extremities. The physician noted tenderness over the trapezius and paravertebral muscles bilaterally. Cervical compression test was noted to be positive. Muscle strength was 5 out of 5 in the C5-8 nerve roots bilaterally. Sensation was normal in the same region bilaterally. The injured worker was not prescribed oral medications. The physician's treatment plan included recommendations for a pain management consult for the cervical spine for possible cervical epidural steroid injections. The physician was also requesting Flurbiprofen/Cyclobenzaprine/Menthol cream as the injured worker does not like to take any oral medications because he was on so many already for his diabetes. The Request for Authorization form was signed on 04/03/2014.

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%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. Flurbiprofen 20% is a nonsteroidal agent. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines note there is no evidence for use of any other muscle relaxant as a topical product. The physician notes the injured worker has neuropathic pain. There have been no trials of gabapentin or Lyrica utilized prior to the request for this application. There is no indication that the injured worker has a diagnosis of osteoarthritis and tendinitis to a joint amenable to topical treatment. The guidelines do not recommend muscle relaxants for topical application. As the guidelines note any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended, the medication would not be indicated. As such, the request is not medically necessary and appropriate.