

Case Number:	CM14-0094890		
Date Assigned:	09/22/2014	Date of Injury:	11/02/2012
Decision Date:	10/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 Pain Medicine 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 51-year-old female who reported an injury on 11/02/2012. The mechanism of injury was not provided. On 09/12/2014, the injured worker presented with pain in the low back, bilateral shoulders, bilateral elbow, and bilateral wrists. Upon examination of the lumbar spine, there was decreased range of motion over the paraspinal muscles, and a positive bilateral Kemp's test. There was a positive left sided straight leg raise and 5/5 muscle strength to the right L4, L5, and S1; and decreased strength 4/5 of the left L4, L5, and S1. There was decreased sensation to the left L4, L5, and S1. The diagnoses were bilateral carpal tunnel syndrome, bilateral pain, status post left wrist carpal tunnel release, and lumbar sprain/strain. Current medications included Tylenol and Prilosec. The provider recommended topical cream of Flurbiprofen, Cyclobenzaprine, and Menthol. The rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% CYCLOBENZAPRINE 10% MENTHOL 4% 180 GRAMS:

Upheld

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

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

Decision rationale: The request for Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4%, 180 grams, is not medically necessary. The California MTUS state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable to topical treatment. The guidelines also state that muscle relaxants are not indicated for topical use. There was a lack of documentation that the injured worker the injured worker had failed a trial of an antidepressant or an anticonvulsant. Additionally, muscle relaxants are not indicated for topical use. There was a lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for topical NSAID. The provider's request does not indicate the frequency of the medication or the site at which it is indicated for in the request as submitted. As such, the medical necessity has not been established.